



# MedicAide

*An informational newsletter for Medicaid Providers*

From the Idaho Department of Health and Welfare, Division of Medicaid

January 2001

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Good copies speed paper claims  
Submitting split claims for the fiscal year end

Distributed by the  
Division of Medicaid  
Department of  
Health and Welfare  
State of Idaho

## HIPAA and Administrative Simplification

The use of electronic health care transactions has grown significantly, especially for Medicaid. Providers have complained, though, that different health plans have different format requirements for transactions. Even when the same format is accepted by multiple plans, those plans usually have different coding or completion requirements. This forces providers to respond to the separate requirements of each plan when billing electronically, processing payments, checking eligibility or claim status, or when performing other health care transactions. These practices are inefficient, expensive and confusing. A solution is on the way.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes a number of "Administrative Simplification" provisions. These provisions standardize the electronic data interchange of certain administrative and financial transactions, while protecting the security and privacy of the transmitted information. Overall, the provisions will improve the efficiency and effectiveness of the health care system.

The Health Care Finance Administration (HCFA) has developed regulations to achieve the Administrative Simplification provisions. The regulations cover:

- Standards for Electronic Transactions
- National Standard Health Care Provider Identifier (NPI)
- National Standard Employer Identifier (EIN)
- Security and Electronic Signature Standards
- Standards for Privacy of Individually Identifiable Health Information
- National Standard for Health Claims Attachments
- National Standard Identifier for Health Plans

Rules have been proposed in each of these categories and are awaiting final publication. Once a rule is published as final, all health plans (including Medicaid) and providers have 26 months to implement the changes. As of today, only the Standards for Electronic Transactions and the Standards for Privacy of Individually Identifiable Health Information have been finalized. The Idaho Medicaid program is currently developing procedures for implementation to meet the requirements for these final rules.

The implementation of HIPAA Administration Simplification may have a significant impact on provider operations and billing/practice management systems. Idaho Medicaid will communicate regularly with providers and professional organizations. We will offer information to help providers make informed decisions, and to publicize the impact of HIPAA changes. Each month, this newsletter will discuss HIPAA regulations, potential impacts to providers, and how Idaho Medicaid plans to implement these regulations. For more information regarding HIPAA, visit the Idaho HIPAA web site at [www.idahohealth.org](http://www.idahohealth.org).

## Provider Services Improvement Plan – Part 2

The Medicaid Automated Systems Unit in collaboration with EDS is working to constantly improve quality of service for Idaho Medicaid providers. In the December *Medic/Aide*, two of the items within the new Provider Services Improvement Plan were described. Other future endeavors are also being developed for implementation. Plans are being developed to:

### Create a Small Provider Billing Unit

The contract with EDS is being amended to add a Small Provider Billing Unit (SPBU) whose responsibility will be to assist providers who submit 100 claims or less a month in the successful creation, submission and processing of their Medicaid claims. SPBU staff will train and work one-on-one with providers for up to one full year, supplying individualized hands-on claim submission and reconciliation assistance. This service will be offered to new providers and providers who, for whatever reason, are experiencing claims processing problems.

### Enhance Provider Services to All Providers

In addition, the contract is being amended to place a provider advocate in each of the seven regions of the state and to increase their responsibilities to include:

- A minimum of 140 provider visits a month
- Establish a monthly training session for providers in each region
- Provide training to new regional staff regarding AIM functionality, billing basics, the advocate's role, and the EDS role

These services will enhance the customer service rendered to the Idaho Medicaid provider community and to our regional staff by helping to eliminate the frustrations of denied claims and improperly billed claims. We believe that it will make it more attractive for new providers to be willing to accept Medicaid clients and will help encourage existing providers to continue to offer medical services to the Medicaid client.

### Review Current Medicaid Policies

Current Medicaid policies and practices will be assessed to make sure that they align with the current standard of practice and reflect accurately Medicaid business as it exists today. This assessment includes a detailed review of every CPT, HCPC, and ICD code currently set in the system for a manual review. When codes are unnecessarily set for manual review it increases the number of claims that pend and slows the turnaround time for claims processing. In addition, current Medicaid policies will be assessed to determine if they accurately reflect the current standard of practice. This assessment will decrease the number of claims that pend thereby allowing the claims to be finalized faster. It will also reduce the number of claims that are denied.

## Hermaphrodite Diagnosis

When a person is a hermaphrodite and is listed as a male or female on the system and the procedure or diagnosis the physician is billing with is generally associated with a particular sex (opposite the one they are listed as), the claim will fail for diagnosis or procedure to sex. These edits are overrideable. However, it must be documented that the client is clinically diagnosed as a hermaphrodite. Therefore, DHW has determined that the claim must contain the diagnosis of **752.7**-indeterminate sex and pseudohermaphroditism. If this diagnosis is on the claim the adjudicators will override the edit. If it is not on the claim, it will be denied requesting documentation. If you have questions regarding this, please contact Marj Sanderson at 395-2021.

### Phone Numbers

#### Addresses

#### Web Sites:

### Voice Response System

1-800-685-3757

1-208-383-4310

### EDS

#### Correspondence

PO Box 23

Boise, ID 83707

#### Provider Enrollment

P.O. Box 23

Boise, Idaho 83707

#### Medicaid Claims

PO Box 23

Boise, ID 83707

#### PCS and ResHab

#### Claims

PO Box 83755

Boise, ID 83707

### EDS Provider Fax

1-208-395-2072

### DHW Website:

[www2.state.id.us/dhw](http://www2.state.id.us/dhw)

### Healthy Connections

Region I - Coeur d'Alene

1-208-666-6766

1-800-299-6766

Region II - Lewiston

1-208-799-5088

1-800-799-5088

Region III - Nampa

1-208-442-2808

1-800-494-4133

Region IV - Boise

1-208-334-4676

1-800-354-2574

Region V - Twin Falls

1-208-736-4793

1-800-897-4929

Region VI - Pocatello

1-208-236-6363

1-800-284-7857

Region VII - Idaho Falls

1-208-525-7115

1-800-919-9945

### Statewide

Americana Terrace

P.O. Box 83720

Boise, ID 83720-0036

1-208-334-4930

1-800-378-3385

## Phone Numbers

## Addresses

## Web Sites:

### Client Assistance Line

Toll free:  
1-888-239-8463

### Idaho CareLine

(for Spanish speaking  
clients)  
1-800-926-2588

### EMS Bureau Review Unit

1-800-362-7648  
1-208-334-2484  
Fax  
1-800-359-2236  
1-208-334-4595

### DME Prior Authorizations

DME Specialist  
DHW Bureau of Medicaid  
Programs  
PO Box 83720  
Boise, ID 83720-0036  
1-866-205-7403  
Fax  
1-800-352-6044  
(att: DME Specialist)

### Transportation Prior Authorization Unit

1-800-296-0509  
1-208-334-4990  
Fax  
1-800-296-0513  
1-208-334-4979

### Medicaid Provider Fraud and Utilization Review

1-877-200-5441(tollfree)  
1-208-364-1817

### PCG

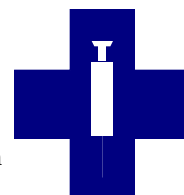
P.O. Box 2894  
Boise, ID 83701  
1-800-873-5875  
1-208-375-1132  
Fax: 1-208-375-1134

**PRO West** (telephonic &  
retrospective reviews)  
10700 Meridian Ave. N.  
Suite 100  
Seattle, WA 98133-9075  
1-800-783-9207  
Fax: 1-800-826-3836 or  
1-206-368-2765

### PRO-West Website

[www.pro-west.org/  
idahomedicaid.htm](http://www.pro-west.org/idahomedicaid.htm)

The Idaho Immunization Program is seeking providers who have “extra” influenza vaccine to match with facilities that are in need of this vaccine. Please contact the Idaho Immunization Program at 1-800-554-2922 regarding the Influenza Clearinghouse Project. Learn more from our web site. Look for the Idaho Immunization Program link at [www.idahohealth.org](http://www.idahohealth.org).



## Certificate of Medical Necessity Forms

HCFA Certificate of Medical Necessity (CMN) forms are not required when requesting equipment; however, medical necessity documentation is required. Using the CMN will expedite the process by having significant medical necessity documentation included. When submitting a request for durable medical equipment (DME) for prior authorization, please submit the request to Idaho Medicaid. You may fax the information to the DME Specialist at 1-800-352-6044. The correct address to mail a request is:

DME Specialist  
3380 Americana Terrace  
P. O. Box 83720  
Boise, Idaho 83720

Toll-free phone: 1-866-205-7403

Please use the correct phone and fax numbers. If you do not, it could cause a delay in the processing of your request.

Currently the unit is processing requests in a week. We ask that you refrain from calling to check on the status, unless it has been at least 10 business days since you submitted your request.

Exceptions are for urgent requests for life sustaining equipment. Mark your request appropriately.

Many of the requests cannot be completed due to incomplete information. Make sure all requests include a physician's prescription, with the diagnosis, prognosis, the medical necessity for the item(s) being ordered, and the duration of need.

The DME provider handbook is being updated with the most current information and should be available as soon as it is completed.

## Sanction List Online

A recent phone call from a local provider brought to light that many providers are not aware that the Department publishes its sanction list on the Internet. The sanction list includes all medical service providers who have been excluded from participation in the Idaho Medicaid Program.

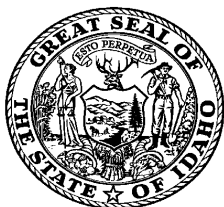
Services performed by excluded providers are not reimbursable by Idaho Medicaid. Services provided by excluded providers may be subject to recoupment by the Medicaid Fraud and SUR Units. All non-individual providers should incorporate a check of both the federal and Idaho Medicaid sanction lists into their hiring process.

The Idaho sanction list site is [www2.id.us/dhw/hwgd\\_www/mcicaid/provider.html](http://www2.id.us/dhw/hwgd_www/mcicaid/provider.html).

The Federal sanction list site is [www.os.dhhs.gov/progorg/oig/cumsan](http://www.os.dhhs.gov/progorg/oig/cumsan).

**EDS**  
**P.O. Box 23**  
**Boise Idaho 83707**

PRSRT STD  
U.S. POSTAGE PAID  
BOISE, ID  
PERMIT NO. 797



### Good copies speed paper claims

All paper claims are scanned before being processed. To ensure that the claim is read correctly, please use black ink, a good typewriter ribbon or printer cartridge.

### Submitting split claims for the fiscal year end

1. Submit two separate claims for the two separate years (2000 and 2001). Enter all dates of service for 2000 on one claim, and all dates of service for 2001 on the second claim.

2. Write 'split claim' in the Remarks field on the UB-92 and in field 19 on the HCFA 1500. If it is not clear that a claim is a split claim, it will be returned because the dates/dollar amounts on the EOMB or EOB do not match the claim. Writing "split claim" in the appropriate field will avoid this.

3. Make two copies of the EOMB or EOB with the covered dates of service and attach one copy to each claim.

Do **not** change the dates on the EOMB or EOB.

*Example:* the EOMB spans 7/01/00 to 7/30/00 and the fiscal year ends on 7/15/00. The first claim will span from 7/01/00 to 7/15/00 with a copy of the EOMB attached. The second claim will span 7/16/00 to 7/30/00, also with a copy of the EOMB attached.

4. If the total amount owed by Medicaid is all deductible, submit only one claim. The total deductible amount is

paid on the first date of service only. Since it is a lump payment it does not matter how many days are on the EOMB or EOB. Use the last dates of service in the fiscal year and attach a copy of the EOMB or EOB. Write 'split claim' in the Remarks field on the UB-92 and in field 19 on the HCFA 1500. A second claim form is not needed for the remaining dates of service in the new fiscal year since the entire claim will have been paid in full.

If there are any payment issues with split claims, contact the EDS telephone team or provider advocates at 1-800-685-3757 or 1-208-383-4310.

Hints  
& Tips



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- 1 HIPAA Update: Code Sets and Privacy
- 2 Provider Numbers
- 3 EOB 101: Client Name/ Number Mismatch
- 5 Clarification of Medicaid Information Release 2000-55
- 5 Pharmacy Providers

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- 2 & 3 Phone Numbers, Addresses, and Web Sites
- 4 Information Release MA01-01
- 6 Hints & Tips: Modifier 59  
Synagis Billing  
Provider Numbers

Distributed by the  
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State of Idaho

## HIPAA

Health Insurance Portability and Accountability Act

## HIPAA Update: Code Sets and Privacy

The January issue of the **MedicAide** provided basic information about HIPAA (Health Insurance Portability and Accountability Act), including a brief description of the two sets of standards that have been finalized. This month's update discusses those sets of standards.

Keep in mind that HIPAA changes are not just technological; they change business practices and procedures in the health care industry.

### Transactions and Code Sets

The Transaction and Code Sets rule standardizes billing codes and other information, and may change how billers and payers process medical claims. Currently, HCPC, CPT, ICD-9, NDC Revenue Codes, and state-only codes are used when billing Idaho Medicaid. HIPAA changes this process so that only HCFA approved codes can be used. The approved codes are HCPC, CPT, NDC Revenue Codes, and ICD-9. For providers who bill using only HCPC, CPT, NDC Revenue Codes, or ICD-9 codes, the implementation of the Transactions and Code Sets Standard should not create any difficulties.

***Keep in mind that HIPAA changes are not just technological; they change business practices and procedures in the health care industry.***

There are codes for items that may not be covered by Medicare or another plan but are covered by a state Medicaid program. These are generally known as "state-only" codes. Idaho Medicaid, along with every other Medicaid program in the nation, worked with HCFA to establish HCFA-approved codes that will be used by all the states. When HCFA started looking at state-only codes, they compiled a list of more than 24,000 codes. Idaho has approximately 900 state-only codes. Providers who bill primarily with "state-only" codes will need to adjust their billing procedures to use the newly approved HCFA codes. When that list is available, it will be sent to all affected providers and your provider handbooks will be updated. Final implementation for this rule is October 2002.

### Privacy

The HIPAA Standards for Privacy of Individually Identifiable Information establish federal protection for the privacy of patient's health information. These standards apply to all health information communicated electronically, orally, or on paper. They also impose fines and imprisonment for companies or individuals that do not comply. The federal Department of Health and Human Services, Office of Civil Rights, will

Continued on page 2



Continued from page 1

be responsible for enforcing the new rules. The Standards for Privacy will be discussed in next month's **MedicAide**.

## What is the Department Doing?

The Department wants to help providers understand the changes HIPAA is bringing. Idaho Medicaid will keep providers informed of HIPAA changes as the Department itself makes the required changes to the way it does business. How?

One way is through the HIPAA Web site available through [www.idahohealth.org](http://www.idahohealth.org) that will be updated regularly. From this Web site, providers can email questions/concerns to a Department staff person, find links to other HIPAA sites, and obtain basic information.

Another way is through the statewide HIPAA Coordinating Council, a group of stakeholders that the Department of Health and Welfare is sponsoring. As questions arise, the Council will put together a process for getting answers from HCFA and communicating that answer back to the industry. By providing a single point of contact and a coordinated communication effort, we can coordinate rather than duplicate communication efforts and reduce confusion. Next month, more information regarding the Statewide HIPAA Coordinating Council will be available in the *MedicAide*.

## Provider Numbers

No claim can be processed without a valid provider identification number (PIN). At the time of enrollment, each individual and group provider receives a unique PIN to use in the Idaho Medicaid program. PINs always have 9 digits with no spaces or hyphen.

Be sure that you do not use a Social Security or FEIN number. Do not use a group number when an individual provider number is required, or vice versa.

If you are a **group** submitting paper HCFA 1500 paper claims:

1. enter your Idaho Medicaid group PIN number next to GRP# in field 33,
2. leave the field next to PIN# blank,
3. enter the performing provider's Idaho Medicaid PIN number in field 24K for each detail line.

If you are an **individual** provider submitting HCFA 1500 paper claims, enter your 9-digit Idaho Medicaid number next to PIN# in field 33.

## Group Provider

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PHYSICIAN OR SUPPLIER INFORMATION

123456701

PIN#

### Individual Provider

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/ERE      31. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

345678900

GRP#

PIN#

FORM HCFA-1500 (12-90)  
 FORM OWCP-1500  
 FORM OR-050931  
 FORM RRB-1500

**Phone Numbers**  
**Addresses**  
**Web Sites:**

## Voice Response System

1-800-685-3757  
1-208-383-4310

## EDS

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Boise, ID 83707

## PCS and ResHab Claims

PO Box 83755  
Boise, ID 83707

## EDS Provider Fax

1-208-395-2072

**DHW Websites:**

[www2.state.id.us/dhw](http://www2.state.id.us/dhw)  
[www.idahohealth.org](http://www.idahohealth.org)

## Healthy Connections

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1-800-799-5088

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Region IV - Boise  
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1-800-354-2574

Region V - Twin Falls  
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1-800-897-4929

Region VI - Pocatello  
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1-800-919-9945

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1-800-378-3385

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Fax  
1-800-359-2236  
1-208-334-4595

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DHW Bureau of Medicaid  
Programs  
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Boise, ID 83720-0036  
1-866-205-7403  
Fax  
1-800-352-6044  
(att: DME Specialist)

**Transportation Prior  
Authorization Unit**

1-800-296-0509  
1-208-334-4990  
Fax  
1-800-296-0513  
1-208-334-4979

**Medicaid Provider Fraud  
and Utilization Review**

1-877-200-5441(tollfree)  
1-208-364-1817

**PCG**

P.O. Box 2894  
Boise, ID 83701  
1-800-873-5875  
1-208-375-1132  
Fax: 1-208-375-1134

**PRO West** (telephonic &  
retrospective reviews)

10700 Meridian Ave. N.  
Suite 100  
Seattle, WA 98133-9075  
1-800-783-9207  
Fax: 1-800-826-3836 or  
1-206-368-2765

**PRO-West Website**

[www.pro-west.org/  
idahomedicaid.htm](http://www.pro-west.org/idahomedicaid.htm)

## EOB 101: Client Name and/or Number Does Not Match Client File

The following illustration may help providers to better understand the importance of entering the client's name correctly on claims.

Imagine this, Rozelyn Cabot is a client who has recently married and added her husband's last name to her own. As she signs in for her appointment, she tells the receptionist that her name is now Rozelyn Cabot Lodge and asks to have her medical records updated. The correct way to enter her name on a Medicaid claim is *Lodge, Rozelyn*.

How many ways can this be entered incorrectly on a claim form to produce the error message: **101 Client name and/or number does not match client file?**

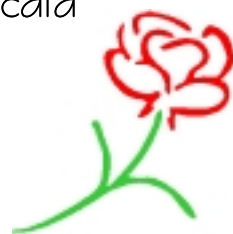
The answer is that there are at least 6 different ways to **incorrectly** enter the client's name. What can go wrong?

1. The provider uses the new last name but Rozelyn has **not informed her caseworker of the change**. The provider does not verify eligibility and enters *Lodge, Rozelyn* but when the system looks up the Medicaid identification number on the claim it sees a different name, *Cabot, Rozelyn*. The claim denies.
2. Rozelyn has told her case worker about the change of name but the provider enters the client's name beginning with the **first name and then last name**, *Rozelyn Lodge* instead of *Lodge, Rozelyn*. The system sees the name Rozelyn, assumes it is the last name, and knows that it does not match the last name associated with the client identification number on the claim. The claim denies.
3. Rozelyn has told her case worker about the change of name but the provider uses **both last names**. The provider enters *Cabot Lodge, Rozelyn*. When the system looks at the Medicaid identification number it sees a different name *Lodge, Rozelyn*. The claim denies.
4. The client uses an **alternative spelling** for her name and that is what is in the Medicaid system. The provider doesn't realize that the client is actually enrolled under the alternate spelling and uses the more common spelling and. The provider enters *Lodge, Roselyn* but when the system looks up the Medicaid identification number on the claim it sees a different name *Lodge, Rozelyn*. The claim denies.
5. The provider uses the client's **nickname**, Rose, instead of her first name as it is on her client enrollment, Rozelyn. The provider enters *Lodge, Rose* but when the system looks up the Medicaid identification number on the claim it sees a different name *Lodge, Rozelyn*. The claim denies.
6. The provider makes a **typing error** and enters Logde instead of Lodge. The provider enters *Logde, Rozelyn* but when the system looks up the Medicaid identification number on the claim it sees a different name *Lodge, Rozelyn*. The claim denies.

To avoid these errors, verify eligibility every time services are rendered. ECMS and POS give a printed record of the correct spelling of the client's name.

If you receive a denial with EOB 101, look for typing, spelling, and name order. If these are not the problem, call VRS during normal business hours and talk to a Provider Service Representative to confirm the client's name on the date of service.

A Rose by  
any other  
name...  
is not a  
Medicaid  
client



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**MEDICAID INFORMATION RELEASE MA01-01**

**TO: ALL PHARMACY PROVIDERS**

**FROM: PAM MASON, Acting Bureau Chief**  
**Medicaid Programs and Resource Management**

**SUBJECT: PHARMACY AUDITS**

The Medicaid Fraud and Surveillance and Utilization Review Units have recently audited several pharmacies enrolled as Medicaid providers and identified areas of concern regarding the maintenance of documentation to support services billed to the Medicaid program. These audits consisted of reviewing records at facilities who classify themselves as either retail or closed door pharmacies. Record keeping and other prescription requirements are the same regardless of the status of the pharmacy as a retail pharmacy or a closed door pharmacy servicing residents of care facilities. As a result of these audits, the Department is issuing this information release to clarify record keeping and program requirements for all pharmacy providers when dispensing prescriptions to Medicaid clients.

**Prescription Documentation:**

The audits identified occurrences where providers failed to maintain documentation of prescriptions billed to the Medicaid program or the records were maintained in such a manner which did not allow for immediate review. Idaho Code §56-209h(2) requires providers to generate documentation at the time of service sufficient to support each claim and retain the documentation for a period of five (5) years from the date the item or service was provided. The Department shall be given immediate access to such documentation upon written request. Prescriptions shall be maintained on file in pharmacies in such a manner that they are available for immediate review upon request.

**Prescriptions and Prescription Refills:**

The audits identified numerous insufficient records documenting prescription refills billed to the Medicaid program. All prescriptions and prescription refills must be dispensed in accordance with the Rules Governing Medical Assistance and the Rules and Regulations of the Board of Pharmacy. All prescriptions must be ordered by a licensed practitioner, and the original prescription order must be maintained in the pharmacy files. This documentation must also include the number of refills authorized to be dispensed.

The audits identified pharmacies who have dispensed refills in an amount greater than the amount authorized on the original prescription order in the pharmacy files. Pharmacy computers serving as alternate record keeping systems were then utilized to record the change of the allowed refills to an amount greater than allowed on the original order on file. A computer, or alternate record keeping system, is for recording and tracking refills dispensed and may only be used in the pharmacy with the original prescription order on file. All prescription orders that are legally refillable must have the refill instructions indicated on the face of the original prescription order. If an order is changed, whether it is the drug quantity, the directions for use, or additional refills it becomes a new prescription and the documentation maintained must reflect this as a new order.

**Prescription Requirements:**

All original prescription orders in the pharmacy files must document, at a minimum, the name of the patient; the date written; the directions for use; the name, strength and amount of medication; the name of the prescriber; and if written, the pre-printed, stamped or hand printed name of the prescriber and the hand written signature of the prescriber. No prescription is refillable unless specifically indicated by the prescriber.

**Billing For Services Not Rendered:**

The audits of various pharmacies have revealed instances where Medicaid was billed for prescriptions dispensed, however, the prescriptions were placed on hold or were not actually picked up by the Medicaid client. In addition, it has also been identified where pharmacies have billed Medicaid for dispensing medications to clients residing in long term care facilities, several days to several weeks after the client's date of death. Providers will be expected to communicate with the long term care facilities information regarding the status of each resident to ensure the resident is in the facility and requiring additional medications. The Department reviews claims for services reimbursed on dates after the recorded patient's expiration date and recoups any claims paid inappropriately.



**Multiple Dispensing Fees/34 Day Supply:**

continued from page 4

The audits identified instances where pharmacies billed Medicaid for multiple dispensing fees for the same prescription, in one calendar month. Only one dispensing fee will be allowed for the dispensing of each maintenance drug to any client as an outpatient or a resident in a care facility, except as specifically allowed by rule. In addition, no more than a thirty-four (34) day supply of continuously required medication will be reimbursed by Medicaid in a calendar month as a result of a single prescription, except as allowed by rule.

**Prescriber's State License Number:**

All pharmacy claims must contain the prescriber's state license number issued by their licensing board. The number must be entered in the prescriber code field on the claim. If the prescriber is not licensed within the State of Idaho, enter 777777 in the prescriber code field and check the O/S (Out of State) field. The Department has identified where pharmacies have submitted claims with a physician's DEA number or used 777777 when the physician was licensed in Idaho and had an Idaho license number. Billing in this manner will be considered an improper claim and subject to recoupment.

The Medicaid Fraud and SUR Units will be following up to further review pharmacies for compliance with record keeping and program requirements. Violations of the pharmacy regulations will be referred to the Board of Pharmacy.

If you have any questions regarding this information, please contact Gary Duerr, R.Ph., at (208) 364-1829.

Thank you for your continued participation in the Idaho Medicaid Program.

**Clarification of Medicaid Information Release 2000-55**

In December providers received Medicaid Information Release 2000-55 that said on December 1, 2000 provider handbooks would be accessible via the Internet at [www.idahohealth.org](http://www.idahohealth.org) and on January 1, 2001, the **MedicAide** newsletter would also be on the same Web site. In early 2001 it was anticipated that the Department would have the ability to not mail hardcopies to those providers who preferred to receive these updates via the Internet. This service is not yet available. Requests to have hardcopies suppressed are still being accepted. Providers will be notified via the **MedicAide** when this process is ready to go.

The Department and EDS have received requests from providers to have the information emailed to them.

**Notification via the US mail will still occur until the process to suppress the paper copies is finalized. At that time, notification of updates will be on the remittance advice banner page.** Providers would then need to access the Web site to obtain the updated information.

If you have any questions concerning this matter please contact Becca Ruhl in the Medicaid Automated Systems Unit at 208-395-2040 or [ruhlxbd@mmis.state.id.us](mailto:ruhlxbd@mmis.state.id.us), or EDS at 208-383-4310 or 1-800-685-3757.

**Pharmacy Providers**

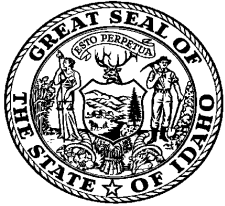
Most injectable drugs no longer necessitate paper claim billing as the Department will no longer require documentation as to the "place of administration".

A limited number of these drugs such as growth hormones, hemophilia products, gamma globulins, interferons, etc., will still require paper billing because of confusing package sizes or cost. Also, simple compounds with two or three ingredients including antibiotics and diluents may be billed electronically with the appropriate NDC numbers.

This should greatly facilitate the claims processing and improve payment time. A word of caution, if you are uncertain as to the billing unit (each, ml, gm) be sure to utilize the VRS (Voice Response System) at 383-4310 or 800-685-3757. Should you have any questions please call Gary Duerr R.Ph. at 208-364-1829. Your participation and cooperation is appreciated.

**EDS**  
**P.O. Box 23**  
**Boise Idaho 83707**

PRSR STD  
U.S. POSTAGE PAID  
BOISE, ID  
PERMIT NO. 797



Hints  
& Tips

These tips will help speed claim processing

**Modifier 59**

Procedures billed using modifier 59 always pend for medical review, delaying the processing of the claim. This modifier should never be used instead of modifier 76, 77, 51, or instead of the correct units. Claims billed inappropriately with modifier 59 will be denied. They will be reconsidered if they are re-billed with the proper modifier or correct number of units. If you believe modifier 59 is the correct modifier, you must attach a report with the claim. The claims and the report will then be sent for medical review.

**Synagis Billing**

Make sure to bill the appropriate procedure code for Synagis:

**90378** - Synagis 50 mg, respiratory syncytial virus immune globulin intramuscular NDC 60574-4111-01

**9037J** - Synagis 50 mg, respiratory virus immune globulin intramuscular NDC 60574-4112-01



# MedicaAide

An informational newsletter for Medicaid Providers

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Antepartum and Date Spanning

Distributed by the  
Division of Medicaid  
Department of  
Health and Welfare  
State of Idaho

From the Idaho Department of Health and Welfare, Division of Medicaid

March 2001

## HIPAA HIPAA Statewide Coordinating Council

Health Insurance Portability and Accountability Act

The Department of Health and Welfare is bringing together representatives from stakeholder groups impacted by HIPAA legislation to form a Statewide HIPAA Coordinating Council. HIPAA presents major implementation and maintenance impact on payers and providers of health related services for years to come. The percentage of true knowledge, versus misinformation and speculation, about HIPAA across the health care industry is alarmingly low. Before specific education and training can be effective, there must be a baseline understanding of what HIPAA is, who is affected, and what Administrative Simplification means. The HIPAA Statewide Coordinating Council addresses this need and will provide a consistent, common message to the industry about what HIPAA is, what it isn't, and how to interpret and act on it.

The council will develop an industry-wide communication plan with messages tailored to the payer, hospital, physician, and clearinghouse/vendor subsets of the market. The plan will provide an appropriate timeline for the overall implementation schedule and for an education and training program providing a consistent message and understanding of interpretation and issues. HIPAA legislation provides an opportunity to improve collaboration within the health care industry and allows the sharing of best practices or experience individuals have had with various problems and solutions. As questions arise, the council will incorporate a process for getting answers from the Health Care Financing Administration and communicate that answer back out to the industry. By providing a single point of contact and a coordinated communication effort we decrease confusion for those impacted, coordinate rather than duplicate communication efforts, and increase the credibility of the entire HIPAA initiative.

For more information regarding HIPAA or the Statewide Coordinating Council, please visit our website at [www.idahohealth.org](http://www.idahohealth.org) and click the HIPAA link.

You can also send your questions to:

Becca Ruhl, HIPAA Communication Coordinator  
Department of Health & Welfare  
PO Box 83720  
Boise, ID 83720-0036

Please be sure to include your name, return address, and phone/fax number if available.

See page 2 for an article on the HIPAA Privacy Rule.

The second HIPAA Final Rule establishes federal protection for the privacy of health information. Rules signed December 20, 2000 by President Clinton, set national standards to protect the privacy of patients' health information. The rules are called the Standards for Privacy of Individually Identifiable Information and have five basic principles.

- **Consumer Control:** specifies patient rights to understand and control how their health information is used.
- **Boundaries:** specifies that patient health information is to be used for health purposes only, with few exceptions.
- **Accountability:** enforces federal penalties for misuse or inappropriate disclosure of patient health information.
- **Public Responsibility:** establishes rules that would permit certain existing disclosures of health information without individual authorization for national priority activities. Examples of such activities include protecting public health, conducting medical research, improving the quality of care, and fighting health care fraud and abuse.
- **Security:** requires organizations entrusted with health information to establish procedures to protect patients' privacy and requires the organization designate an official to establish and monitor the organization's privacy practices and training.

The standards apply to all health information communicated electronically, orally, or on paper. They also impose fines and imprisonment for companies or individuals that do not comply. The Department of Health and Human Services, Office of Civil Rights, will be responsible for enforcing the new rules.

As the Department develops a plan to implement this rule, it will be communicated to providers. In the next issue of the *MedicAide*, recommended steps that individual providers can take to become HIPAA compliant will be discussed.

## Fraud Prosecution

Earnest R. Hardister, a personal care provider who contracted with the Medicaid program to provide personal care services, was investigated by the Medicaid Fraud Unit for submitting fraudulent claims to the Medicaid program. Hardister was prosecuted by the Ada County Prosecutor's Office and plead guilty to one (1) count of Provider Fraud, a violation of Idaho Code § 56-227A. Hardister was sentenced December 28, 2000, to one year in the Idaho State Correctional Institution, court cost and fines in the amount of \$88.50, and ordered to pay restitution to Medicaid in the amount of \$1,147.86. Hardister submitted fraudulent claims to the Medicaid program for PCS performed from July 25, 1997, through July 28, 1997, while he was incarcerated in the Ada County Jail. In addition, Hardister also submitted fraudulent claims for services he claimed to have performed while he was in custody of the work release program from November 1, 1997, through December 28, 1997.



### Phone Numbers Addresses Web Sites:

**Voice Response System**  
1-800-685-3757  
1-208-383-4310

### EDS

#### Correspondence

PO Box 23

Boise, ID 83707

#### Provider Enrollment

P.O. Box 23

Boise, Idaho 83707

#### Medicaid Claims

PO Box 23

Boise, ID 83707

#### PCS and ResHab

#### Claims

PO Box 83755

Boise, ID 83707

### EDS Provider Fax

1-208-395-2072

### DHW Websites:

[www2.state.id.us/dhw](http://www2.state.id.us/dhw)

[www.idahohealth.org](http://www.idahohealth.org)

### Healthy Connections

Region I - Coeur d'Alene

1-208-666-6766

1-800-299-6766

Region II - Moscow

1-208-882-3502

1-800-799-5088

Region III - Nampa

1-208-442-2808

1-800-494-4133

Region IV - Boise

1-208-334-4676

1-800-354-2574

Region V - Twin Falls

1-208-736-4793

1-800-897-4929

Region VI - Pocatello

1-208-236-6363

1-800-284-7857

Region VII - Idaho Falls

1-208-525-7115

1-800-919-9945

Spanish Speaking

1-800-862-2147

### Statewide

Americana Terrace

P.O. Box 83720

Boise, ID 83720-0036

1-208-334-4930

1-800-378-3385





## New Third Party Recovery Office Opens

The Division of Medicaid has established a Third Party Recovery (TPR) unit in conjunction with the Division of Management Services. This unit will combine some current Medicaid functions with other TPR functions that have been handled by a contractor since 1996. This move was made in order to streamline TPR efforts, reduce costs, and increase collections in the program, says Sharon Duncan, Program Manager for Medicaid Operations.

Basically, the TPR unit identifies the liability of third party payers such as private insurance companies, Medicare, and other sources such as Tax Equity Fiscal Responsibility Act (TEFRA) liens, Estate Recovery, and the Health Insurance Premium Payment (HIPP) program (see related story to the right on HIPP).



Estate Recovery and Medicare Buy-In are currently in-house functions. Medicare Buy-In works similarly to the HIPP program, paying Medicare premiums for Medicaid-eligible clients who are also eligible for Medicare. This makes Medicare the primary insurance provider.

As of February 1<sup>st</sup>, the HIPP program will come in-house as well. The TEFRA lien program, which works to recover Medicaid

expenditures for clients who are permanently institutionalized in nursing homes, will be brought in-house later this year. The contractor will continue to handle the Trauma and Casualty functions until planned Medicaid AIM system modifications are completed.

“Bringing these functions back in-house will have several advantages,” says Tracy Goodin, Bureau Chief of the Management Review office and one of the people involved in returning the function to Department staff. “It will cost us less to run the program, and we hope to do even better avoiding costs so we have fewer ‘pay and chase’ cases — where Medicaid pays a claim and then we attempt to recover money from the client’s other insurance provider.” Nicki Kelly, supervisor of the TPR group, says.

For more information regarding TPR or HIPP, contact the Third Party Recovery office at 1-208-334-6506 or 1-208-334-6513.

## Health Insurance Premium Payment a Win for All

The Department’s Health Insurance Premium Payment (HIPP) program helps Medicaid-eligible people access group health insurance from their employer or a family member’s employer. The program pays the insurance premiums when doing so would be more cost effective than Medicaid coverage only. People on this program must be eligible for Medicaid — so any services that are not covered under a group insurance plan but are covered by Medicaid will be paid for by Medicaid. Goodin says, “HIPP truly can be more cost effective. We just pay for health insurance rather than the cost of services.” Persons can apply for HIPP during the Medicaid eligibility process or at any time during their Medicaid eligibility.

## Where to go for Prior Authorization

For many Medicaid services, Prior Authorization (PA) is required before services or items can be provided. So that your request for PA is processed as quickly as possible, please be sure you are using the correct address and fax number.

Listed on the table is the policy specialist who can answer most of your questions related to Medicaid coverage.

If you are not sure if your services require PA or who to contact for PA, call the Department of Health and Welfare, Bureau of Medicaid Programs and Resource Management at: 1-208-334-5795.

Request for:	Send to:	Fax Number	Policy Specialist Phone number
Durable Medical Equipment	DME Specialist PO Box 83720 Boise ID 83720-0036	1-800-362-6044	Dorrie Phillips 1-208-364-1830
Prescription Drug	Pharmacy Section PO Box 83720 Boise ID 83720-0036	1-208-364-1846	Gary Duerr 1-208-364-1829
Non-Emergency Transportation	Medicaid Transportation Unit PO Box 83720 Boise ID 83720-0036	1-800-296-0513 1-208-334-4979	Jean Christensen 1-208-364-1828
Emergency Transportation (Ambulance)	EMS Bureau Review Unit PO Box 83720 Boise, ID 83720-0036	1-800-359-2236 1-208-334-4595	Jean Christensen 1-208-364-1828
Dental	Dental Unit PO Box 83720 Boise ID 83720-0036	1-208-364-1846	Bonnie Rhoades 208-364-1839
Physical Therapy Services over 25 visits per year	Policy Section PO Box 83720 Boise ID 83720-0036	1-208-364-1846	Christine Cuellar 1-208-364-1891
A & D Waiver Services	Local Regional Medicaid Unit		Your Local RMU or Christine Cuellar 1-208-364-1891
DD Services	Local ACCESS Unit		Your Local ACCESS Unit or Jean Christensen 1-208-364-1828
Mental Health Services	Local Regional Mental Health Authority (RMHA)		Your local RMHA or Mary Lou Forbes 1-208-364-1844



## Select Pre-Authorization List Of Diagnoses And Procedures

Revised February 2001

Pre-Authorization List Requiring PRO-West Review

1 800-783-9207

All surgical procedures on this list require pre-authorization for inpatients and outpatients.

Procedure	ICD-9-CM Code October 2000	CPT Code October 2000
Abdominoplasty, Panniculectomy Effective 9/1/98	86.83	15831, 15877
Arthrodesis (Spinal Fusion) Effective 9/1/98	81.00 through 81.09	22548, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22851, 27280
Cholecystectomy	51.22, 51.23	47562, 47563, 47564 (Effective 1/01/00) 47600, 47605, 47610, 47612, 47620 (56340, 56341, 56342 Delete effective 4/1/00)
Coronary Bypass	36.10 through 36.17 36.19	33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536
Hysterectomy		
Abdominal	68.3, 68.4, 68.6	58180, 59135, 59525
Vaginal	68.51, 68.59	58150, 58152, 58200, 58951, 59135, 59525
Laparoscopic		58210
Radical	68.7	58550, 58260, 58262, 58263, 58267, 58270, 58275, 58280
Other and Unspecified	68.9	58285, 58550 (56308 Delete effective 4/1/00)
Laminectomy/Discectomy Effective 9/1/98	03.02 03.09 80.50 80.51	63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, <b>63043, 63044 (effective 1/1/01)</b> , 63045, 63046, 63047, 63048, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200
Reduction Mammoplasty		
Unilateral, Bilateral	85.31, 85.32	19318
<b>NOTE:</b> A post-discharge retrospective chart review will be conducted in addition to the pre-admission review for all reduction mammoplasty. PRO-West will initiate a request to the facility to obtain the medical record for review.		
Be advised that in most circumstances, Idaho Medicaid does not cover contra-lateral mastectomy and secondary reconstruction procedures.		
Total Hip Replacement	81.51	27130
Revision	81.53	27132, 27134, 27137, 27138
Partial Hip Replacement Effective 9/1/98	81.52	27125

Procedure	ICD-9-CM Code October 2000	CPT Code October 2000
Transplants		
Bone Marrow Transplant		
Autologous	41.00, 41.01, 41.04, <b>41.07,</b> <b>41.09 (Effect.</b> <b>10/1/2000)</b>	38241
Allogenic	41.02, 41.03, 41.05, 41.06, <b>41.08 (Effect.</b> <b>10/1/2000)</b>	38240
Liver Transplant		47135, 47136
Kidney Transplant	50.59	50380 50360, 50365
Heart Transplant	55.61 55.69	33945
	37.5	
<b>Note:</b> Transplant facilities must be Medicare approved.		
Alcohol and Drug Rehabilitation and Detoxification		<b>Inpatient Only</b>
Alcohol Rehabilitation	94.61	90899
Alcohol Detoxification	94.62	90899
Alcohol Rehabilitation and Detoxification	94.63	90899
Drug Rehabilitation	94.64	90899
Drug Detoxification	94.65	90899
Drug Rehabilitation and Detoxification	94.66	90899
Combined Alcohol and Drug Rehabilitation	94.67	90899
Combined Alcohol and Drug Detoxification	94.68	90899
Combined Alcohol and Drug Rehabilitation and Detoxification	94.69	90899
Psychiatric Admissions (Diagnosis Codes)	291.0 through 314.0 <b>(Effective 10/1/2000, includes new diagnosis codes 294.10 and 294.11)</b>	
<b>Inpatient Only</b>		
Physical Rehabilitation	V57 (Diagnosis Code)	
Care involving use of rehabilitation procedures	This includes admission to all rehabilitation facilities, regardless of diagnosis.	
<b>Inpatient Only</b>		

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**MEDICAID INFORMATION RELEASE #MA01-02**

**TO: ALL NON-HOSPITAL BASED AMBULANCE PROVIDERS**

**FROM: PAM MASON,** Acting Bureau Chief  
Medicaid Programs and Resource Management

**SUBJECT: CODES FOR AMBULANCE PROVIDERS**

The release of the 2001 version of the HCPCS National Level II Codes has lead to some changes in procedure codes for ambulance providers. **This change affects only the codes listed below.** All other billing codes remain the same. A summary follows:

<b>Current code</b>	<b>New code</b>
A0362 Base rate, BLS, Emergency	<b>A0429</b> Basic life support, emergency transport (BLS – emergency)
A0360 BLS, Non-emergency	<b>A0428</b> Basic life support, non-emergency transport (BLS)
A0370 Ambulance base rate, ALS	<b>A0426</b> Advanced life support, non-emergency transport, Level 1 (ALS 1)  <b>A0427</b> Advanced life support, emergency transport, Level 1 (ALS 1-emergency)
A0030 Fixed wing air ambulance mileage	<b>A0435</b> Fixed wing air mileage, per statute mile
A0040 Helicopter air ambulance mileage	<b>A0436</b> Rotary wing air mileage, per statute mile

Either the new or existing codes may be billed until **April 15, 2001. Effective April 16, 2001, the new codes MUST be used.** We will be providing revised Provider Handbook pages containing these changes in the near future.

The ground mileage codes will be changed at a later date. No change is being made at this time as Medicare implementation for this code is still under review. In order to reduce confusion, Medicaid's code implementation will be delayed and will coincide with the Medicare implementation schedule.

Please contact Lloyd Forbes, Program Development Manager, in the Bureau of Medicaid Programs at (208) 364-1833.



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**MEDICAID INFORMATIONAL RELEASE #MA01-05**

**TO: ALL SCHOOL BASED SERVICE PROVIDERS AND  
DEVELOPMENTAL DISABILITY AGENCIES**

**FROM: PAM MASON**, Acting Bureau Chief  
Bureau of Medicaid Programs and Resource Management

**SUBJECT: IMPLEMENTATION OF INTENSIVE BEHAVIORAL INTERVENTIONS  
(IBI)**

On February 1, 2001, began the implementation of Intensive Behavioral Interventions (IBI) for school based providers and Developmental Disability Agencies.

This service is outlined in IDAPA 03.09.563, 12, for Health Related Services Provided by Idaho Public School Districts or other Public Educational agencies. This service may also be provided in a Developmental Disability Agency and is outlined in IDAPA 16.0411.805-813.

“Intensive Behavioral Interventions are individualized, comprehensive, proven interventions used on a short term, one-to-one basis that produce measurable outcomes which diminish behaviors that interfere with the development and use of language and appropriate social interaction skills or broaden an otherwise severely restricted range of interest. Intensive Behavioral Intervention is available only to children birth through age twenty-one (21) who have self-injurious, aggressive or severely maladaptive behavior and severe deficits in the areas of verbal and nonverbal communication; or social interaction; or leisure and play skills.”

Those school personnel and contract employees who wish to offer IBI services as an IBI Professional and IBI Paraprofessional must meet the qualifications set forth in IDAPA 03.09.569, 12 and IDAPA 03.09.574. Developmental Disability Agencies wishing to offer IBI services, must meet qualifications set forth in IDAPA 16.0411.809. IBI Professionals and IBI Paraprofessionals must be certified before provider approval and authorization of service can be given. Drs. Laura Sandridge and Lee Parks, University of Idaho, University Affiliated Program have developed and are scheduling the required Department approved training to assure demonstrated and certified competencies. If you are interested in becoming an IBI provider, please contact Laura at (208) 467-7524 or by e-mail, [laura@micron.net](mailto:laura@micron.net) for the provider qualifications and training schedule in your area.

As identified in the IDAPA Rules, IBI services offered by school based providers and Developmental Disability Agencies will need to be prior authorized by the Department. For further information and requirements regarding prior authorization, for school based providers, please call Bobbie Moritz at (208) 364-1878. Developmental Disability Agencies wishing to offer IBI, must contact Regional ACCESS units regarding prior authorization.

The procedure codes to be used for reimbursement for this service for both Developmental Disability Agencies and by school based providers are 8226A, IBI professional services; 8227A, IBI paraprofessional services; and 8228A, IBI consultation services.

We look forward to the opportunity to work with you to offer effective services to children and families. Thank you for your continued participation in the Idaho Medicaid Program.

Please direct any questions regarding this information release to Bobbie Moritz at (208) 364-1878 or Jean Christensen at (208) 364-1828.

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## MEDICAID INFORMATION RELEASE #MA01-06

**TO:** ALL NURSING FACILITIES

**FROM:** PAM MASON, Acting Bureau Chief  
Bureau of Medicaid Programs and Resource Management

**SUBJECT:** LEVEL OF CARE DETERMINATIONS AND MEDICAL  
ENTITLEMENT FOR MEDICAID REIMBURSEMENT

EFFECTIVE MARCH 1, 2001

In order to simplify the Medical Entitlement process the following documents will be required by the Regional Medicaid Unit (RMU): the most current full MDS and the Level 1 PASARR Screen (HW0087).

You will no longer receive the Request for Long Term Care Medical Entitlement (HW0471). You will no longer receive the Certificate of Need for Long Term Care (HW0083). The Authorization and/or Termination of Long Term Care (HW0459) will continue to be sent to you confirming eligibility.

If you have any questions, please contact your local Regional Medicaid Unit.

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### Additional Information Releases

In February, 2001, the Department began publishing information releases in the *MedicAide* newsletter.. This allows broad distribution at low cost. However, some informaion releases are still mailed separately. In the last month the following releases were mailed to providers.

To obtain a copy of a current information release, please check the DHW website at [www.idahohealth.org](http://www.idahohealth.org) and select **Medicaid and Related Programs**. If you do not have access to the Internet and would like a copy of an information release, please call 1-208-334-5795. For more detailed information, contact the person listed below.

Release Number	Subject	Contact	Phone
2001-03	DSH Survey	Judy Shipley	208-334-5744
2001-04	Unlicensed Staff – Day Treatment	Mary Lou Forbes	208-364-1844

## Provider Information Changes

It is critical that providers inform the Department of Health and Welfare or *EDS* of any changes to their provider data. Notify the Department or *EDS* in writing when you:

- ☞ have a new address or phone number
- ☞ have a new tax ID number
- ☞ have new certification, license, or insurance documentation
- ☞ want to affiliate with or disassociated from a group number
- ☞ want to make a change in your status (active, voluntary inactive, retired, etc.)

Note: when requesting a change of your tax identification number, you must include a signed W-9 form.

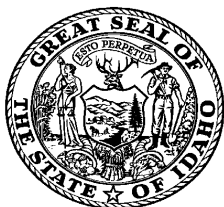
In all circumstances, the written request must include the affected provider number and the effective date the change is to take place. Requests can be faxed or mailed. Sign and date the authorization form.

Use the *Change of Provider Information Authorization Form* and fax your requested changes to *EDS* Provider Enrollment at 395-2072, or mail to: EDS Provider Enrollment, P.O. Box 23, Boise, ID 83707.

Change of Provider Information Authorization Form	
Provider Number:	Provider Name:
Date requested change is effective:	
Please change the following: ____ Pay-to Address                      ____ Service Location ____ Mailing Address                      ____ Telephone Number	
Old Address:	New Address:
Old Telephone Number:	New Telephone Number:
Old Tax ID Number:	New Tax ID Number: (Attach signed W-9 with date effective)
Additional Comments:	
Provider signature:	
Date signed:	
Mail to:	Fax to EDS at 1-800-395-2072 att. Provider Enrollment
EDS Provider Enrollment P.O. Box 23 Boise, ID 83707	For more information contact EDS at 1-800-685-3757, Option 0, Option 4

**EDS**  
P.O. Box 23  
Boise Idaho 83707

PRSRT STD  
U.S. POSTAGE PAID  
BOISE, ID  
PERMIT NO. 220



## These tips will help speed claim processing

### Medicare HMO Crossover Claims

When billing Medicare HMO Crossover claims, please write **MEDICARE HMO CROSSOVER** in **BOLD** across the top of your claim form. Providers who attach EOBs without indicating that the claim is a Medicare Crossover risk having their claims denied and having to rebill.

### Medicaid policy on locum tenens and reciprocal billing

Physician services billed to Medicaid must be submitted under the name and provider number of the physician who actually provides the service. Medicaid does not recognize locum tenens or reciprocal billing arrangements. All physicians, including locum tenens, must enroll and bill under their own provider number. For a provider application, call 1-800-685-3757.

### New CPT and ICD-9 codes requiring PRO review

The following new codes require pre-authorization review by PRO-West:

- CPT codes for laminotomy 63043 and 63044, effective 1/1/2001
- ICD-9 codes for bone marrow and stem cell transplant 41.07, 41.08, and 41.09, effective 10/1/2000
- new psychiatric diagnosis codes 294.10 and 294.11 are included in the code range from 291.0 through 314 which require pre-admission hospital review, effective 10/1/2000

An updated copy of the PRO pre-authorization list is included in this *MedicAide*.

Hints  
& Tips

### Antepartum and date spanning

Providers are currently required to date span when billing antepartum visit codes 59425 and 59426. This is changing. These codes can be billed with the LAST date of service the client was seen. The individual dates of service the patient was seen should be noted on the claim form in the comment section or in the detail description field.



# MedicAide

An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid

April 2001

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## Regular Features:

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Third Party Insurance  
Faxed Claims  
Rebilling Claims  
Synagis billing codes

Distributed by the  
Division of Medicaid  
Department of  
Health and Welfare  
State of Idaho

## Idaho Healthcare Conference 2001

Medicaid providers are invited to attend the annual Idaho Healthcare Conference in May. The conference will be held in six locations. Registration is free for all Idaho health care providers. Multiple sessions will allow participants to attend classes by all presenters.

This annual meeting is sponsored by the Department of Health and Welfare (DHW/Medicaid), EDS/Idaho Medicaid, Health Venture Corporation, the Idaho State Insurance Fund, Blue Cross of Idaho, Champus/TRICARE, CIGNA Medicare, and Regence BlueShield of Idaho.

This year a Vendor Fair is offered to participants at all of the Healthcare Conference locations. It is a valuable opportunity to talk directly with vendors about their products. Participants are encouraged to visit with the exhibitors during breaks and at lunch.

Locations are listed below.

### Clarkston, WA

Tuesday, May 8, 2001  
8:00 a.m. to 4:15 p.m.  
Quality Inn

### Post Falls

Wednesday, May 9, 2001  
8:00 a.m. to 4:15 p.m.  
Best Western - Templins Resort

### Idaho Falls

Tuesday, May 22, 2001  
8:00 a.m. to 4:15 p.m.  
West Coast Hotel

### Pocatello

Wednesday, May 23, 2001  
8:00 a.m. to 4:15 p.m.  
Student Union Building  
Idaho State University

### Burley

Thursday, May 24, 2001  
8:00 a.m. to 4:15 p.m.  
Burley Convention Center

### Boise

Wednesday, June 6, 2001  
8:00 a.m. to 4:15 p.m.  
Student Union Building  
Boise State University

Registration starts at 8:00 a.m. and classes begin at 8:30 a.m. at all locations. See page 3 for a description of Medicaid classes offered by DHW, EMS, and EDS.



## What is the SPBU?

The Idaho Department of Health and Welfare and *EDS* have developed the Small Provider Billing Unit (SPBU) to assist providers who submit a limited number of Medicaid claims and who have Medicaid billing issues. SPBU staff will train and work one-on-one with providers, supplying individualized hands-on claim submission and record reconciliation training.

# Small Provider Billing Unit



## What will providers learn?

Providers will learn how to:

- ✓ determine client eligibility
- ✓ determine client contribution
- ✓ complete a paper or electronic claim
- ✓ read a remittance advice
- ✓ request prior authorizations
- ✓ submit late claims
- ✓ request an adjustment

## How long is the program?

SPBU is a 1 year training program divided into three phases.

## Is there a cost to participate?

No. SPBU is **free** to providers.

## Who can participate?

Providers who bill less than 100 claims per month to Idaho Medicaid and who do **not** conduct business with a billing service, an agency, or use third-party vendor software.

## How do I sign up?

This program has limited openings. To contact the SPBU for additional information call *EDS* at 1-800-685-3757 or 383-4310 (in the Boise area). Select Option 0, Option 3 to speak to a provider service representative.

Submitted by the *EDS* SPBU



## Double Dipper Doused by Medicaid Fraud Unit

On February 26, 2001, Raymond L. Johnson, a Medicaid personal care provider, was the subject of a joint investigation by the Medicaid Fraud Unit and the Department of Insurance for submitting fraudulent claims to both Medicaid and the Workers Compensation Program.

Johnson submitted fraudulent claims to the Medicaid program for PCS services performed at the same time he was claiming disability from an injury he sustained while performing PCS services. *Talk about double dipping!* He also billed the Medicaid program for services while he was hospitalized for a medical condition.

Johnson was prosecuted by the Ada County Prosecutor's Office and pled guilty to one felony count of fraud. He was ordered to pay a restitution amount of \$2,902.56 to the Idaho Medicaid program, in addition to \$3,841.71 to the Department of Insurance.

The Court ordered Johnson to spend 90 days in jail, placed him on probation for a period of five years, and ordered him to pay court costs and other fees. Additionally, Johnson was ordered to perform 200 hours of community service and pay the 60 cent workman's compensation fee for each hour of service to be completed within three years.

Submitted by DHW Fraud and SUR Unit

## Phone Numbers

## Addresses

## Web Sites:

## Voice Response System

1-800-685-3757

1-208-383-4310

## EDS

### Correspondence

PO Box 23

Boise, ID 83707

### Provider Enrollment

P.O. Box 23

Boise, Idaho 83707

### Medicaid Claims

PO Box 23

Boise, ID 83707

### PCS and ResHab

### Claims

PO Box 83755

Boise, ID 83707

## EDS Provider Fax

1-208-395-2072

## DHW Websites:

[www2.state.id.us/dhw](http://www2.state.id.us/dhw)

[www.idahohealth.org](http://www.idahohealth.org)

## Healthy Connections

Region I - Coeur d'Alene

1-208-666-6766

1-800-299-6766

Region II - Moscow

1-208-882-3502

1-800-799-5088

Region III - Nampa

1-208-442-2808

1-800-494-4133

Region IV - Boise

1-208-334-4676

1-800-354-2574

Region V - Twin Falls

1-208-736-4793

1-800-897-4929

Region VI - Pocatello

1-208-236-6363

1-800-284-7857

Region VII - Idaho Falls

1-208-525-7115

1-800-919-9945

Spanish Speaking

1-800-862-2147

## Statewide

Americana Terrace

P.O. Box 83720

Boise, ID 83720-0036

1-208-334-4930

1-800-378-3385

**Phone Numbers  
Addresses  
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1-888-239-8463

**Idaho CareLine**

(for Spanish speaking  
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1-800-926-2588

**EMS Bureau Review Unit**

1-800-362-7648  
1-208-334-2484  
Fax  
1-800-359-2236  
1-208-334-5242

**DME Prior Authorizations**

DME Specialist  
DHW Bureau of Medicaid  
Programs  
PO Box 83720  
Boise, ID 83720-0036  
1-866-205-7403  
Fax  
1-800-352-6044  
(att: DME Specialist)

**Transportation Prior  
Authorization Unit**

1-800-296-0509  
1-208-334-4990  
Fax  
1-800-296-0513  
1-208-334-4979

**Medicaid Provider Fraud  
and Utilization Review**

1-866-635-7515(tollfree)  
1-208-334-2020

**PCG**

P.O. Box 2894  
Boise, ID 83701  
1-800-873-5875  
1-208-375-1132  
Fax: 1-208-375-1134

**PRO West** (telephonic &  
retrospective reviews)  
10700 Meridian Ave. N.  
Suite 100  
Seattle, WA 98133-9075  
1-800-783-9207  
Fax: 1-800-826-3836 or  
1-206-368-2765

**PRO-West Website**

[www.pro-west.org/](http://www.pro-west.org/)  
[idahomedicaid.htm](http://idahomedicaid.htm)

# Idaho Healthcare Conference

## CLASSES OFFERED BY: DEPARTMENT OF HEALTH AND WELFARE / MEDICAID

### Healthy Connections / Children's Health Insurance Program (CHIP)

This workshop is divided into two sessions. The first portion of the session will focus on the Department's managed care program, Healthy Connections. Discussion will include referral requirements, the grievance process, and the importance of understanding and utilizing the electronic verification system (EVS).

The second half of the session will be dedicated to the discussion of CHIP. Issues to be addressed will include the simplified application process, identifying working families who may qualify, residency requirements and 12-months eligibility. The Department is excited to share this "success story" of increasing the number of insured children in the state of Idaho.

### Emergency Medical Services (EMS)

Overview of the Medicaid ambulance review and authorization process. Includes how to file a claim, prior authorization requirements, medical necessity, and *what's in / what's out* with the new procedure codes.

### Fraud/Surveillance and Utilization Review (SURS)

This workshop will help providers understand the role of the Medicaid Fraud/SURS Unit. Included will be information on how providers are selected for audit or review; protocols for requesting records; contracting providers; resolution of problems and DHW actions for non-compliance. This is an educational workshop to assist providers in avoiding problems such as documentation, coding, or other billing problems.

### HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes a number of "Administrative Simplification" provisions and may have a significant impact on provider operations and billing/practice management systems. We will offer information to help providers make informed decisions, the potential impact to providers, and how Idaho Medicaid plans to implement these regulations.

### Third Party Recovery

This workshop will give an overview of the Health Insurance Premium Payment Program (HIPP), a win/win for providers and Medicaid clients. Also discussed will be some of the most common problems in billing third party claims to Medicaid. The presentation will include a discussion on casualty recovery, as well as touching on "Pay and Chase" vs. "Cost Avoidance" procedures. Learn how to identify the correct primary payer and how to expedite submission of the claim.

### School-based Services

School districts and charter schools can now become Medicaid providers of health-related services for Idaho's children with special educational needs. This class will outline the basic requirements for Medicaid reimbursement for schools plus there will be time designed for program questions and answers.

## CLASSES OFFERED BY: EDS / MEDICAID

### Advanced HCFA - Beyond the Basics

More than basic instructions will be covered in this class. We will cover unusual billing solutions, requirements, and exceptions.

### New and Improved Service Offerings

A presentation describing the following new services: Small Provider Billing Unit (SPBU), Correspondence Unit, Automated Voice Recognition (AVR), and the Website.

### HCFA Open Forum

An open panel discussion with EDS and DHW to address providers' questions, concerns, and comments as related to the HCFA 1500.

### UB-92 Open Forum

An open panel discussion with EDS and DHW to address providers' questions, concerns, and comments as related to the UB-92.

## Are You HIPAA Aware?

To begin the process to determine if you are HIPAA prepared, you must first determine if you are a covered entity under HIPAA. Although you may be a small office or an independent provider, some may lead you to believe you are not covered by HIPAA. This is not always true. In some cases, you may bill or do business with a covered entity. This means you will also need to be HIPAA compliant or find a way to do business with an entity that is HIPAA compliant.

Some of the first steps you can take:

- Educate yourself – a good Internet site for HIPAA information is [www.idahohealth.org](http://www.idahohealth.org) and click on the HIPAA quick link. From this website, you can also link to other informational websites.
- Determine if you will need to be HIPAA compliant. If you are not sure, obtain an opinion from legal counsel. If determined you do not need to be HIPAA compliant, will you be doing business with an entity that is and what does that mean to you?
- Conduct a risk assessment – a complicated and time-consuming task. Determine what the risks – financial and professional – are. In next month's MedicAide, more on the consequences of not being HIPAA compliant will be described.
- Perform a "gap" analysis. Evaluate the processes/procedures/programs as they are today then look at how they will need to be under HIPAA and determine what you will need to do to make them HIPAA compliant.
- Begin "remediation" – this is where you actually begin to make the changes. You may determine that it will be cost prohibitive to make the necessary changes and now will need to examine your options. Some providers may choose to use a clearinghouse, translator, or billing service that is (or will be by October 2002) HIPAA compliant for the Transactions and Code Sets portion of HIPAA.

Becoming HIPAA compliant has been compared to Y2K multiplied by ten. It will not be easy nor fast, but information is always available to you at the Web site above. If you do not find what you are looking for, send the DHW HIPAA Team an email. If you do not have email, fax the DHW HIPAA Team at 208-395-2032, Attn: Becca Ruhl, Communication Coordinator.

Submitted by Becca Ruhl, HIPAA Communication Coordinator

### HIPAA

#### Information

#### Directory



**Mail:** HIPAA Project

ATTN: Becca Ruhl, Communication Coordinator  
Idaho Dept of Health & Welfare  
PO Box 83720  
Boise, ID 83720-0036



**Email:** [HIPAA@idhw.state.id.us](mailto:HIPAA@idhw.state.id.us)



**Fax:** HIPAA Project

ATTN: Becca Ruhl, Communication Coordinator  
208-395-2032



**Internet:** [www.idahohealth.org](http://www.idahohealth.org) and click on the HIPAA Quick Link

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## Denture Billing

The Medicaid dental program covers only one set of dentures in a five-year period. This five-year limitation is in Section 3.2.7 of the Medicaid Provider Handbook for Dental Providers.

Removable prosthodontic codes do not require prior authorization except for 0515 D (unable to deliver denture) and D5899 (which is unspecified and requires a narrative).

To avoid denture claim denials based on the five-year denture limitation, providers should always check a client's Medicaid eligibility at the time of service. In addition, providers should always request a five year Medicaid claim history on **every** client that comes to them for dentures, **regardless of what the client says is his/her denture history**. Contact an *EDS* Provider Services Consultant for a five-year Medicaid denture claim history.

If a full denture is constructed and the provider is unable to deliver the denture because the client (1) decides not to complete the denture, (2) leaves the state, (3) cannot be located or contacted, or (4) is deceased, the provider should bill using procedure code 0515D (unable to deliver denture) which requires prior authorization. In any of these instances, a provider should not bill the "regular" denture code as this would erroneously indicate in the system that a denture had been delivered to the client.

## How to Make an Adjustment Request

An adjustment is made when a claim has been paid incorrectly. Incorrect payments may result from changes to information received after initial payment (e.g., third party resource payments or changes in nursing home client liability amounts), provider billing errors, or claims processing errors. Adjustments can be for a paid claim or a paid detail on a claim. However, only claims listed on the "Paid Claims" section of the remittance advice (RA) can be adjusted. A claim adjustment request form is available from *EDS*. When completing the form, clearly state the correct billing information for the detail or claim to be adjusted. Only one claim can be corrected with each adjustment request form. See below for examples.

Error on claim	On the adjustment form state...
A service listed on the first detail line was billed for the wrong date.	<i>Date on line 1 should be 11/24/2000.</i>
A service listed on the third detail line was billed as 2 units, but should have been billed as 4 units.	<i>Detail 3 was billed as 2 units, it should be 4 units.</i>
A service which was not performed was incorrectly listed on the fourth detail line.	<i>No services done for line 4. Void this detail.</i>
An insurance payment was received after the claim was submitted to Medicaid.	<i>Insurance paid \$156.32.</i>

If all of the above examples were actually on one claim, the claim should be voided. To do this, the provider would 1) select the option: *Please withhold overpayment in a future Medicaid warrant with an adjustment* and 2) note on the adjustment form that the claim is to be voided. As a result, the original claim would be voided in the following week's RA and the provider could then submit the corrected claim for payment. The corrected claim cannot be submitted until the voided claim is reported on an RA.

Do not send a copy of the RA or a copy of the original claim with the adjustment. The extra attachments will slow down processing. Finally, always submit adjustments separately from claims.

Submitted by the *EDS* Financial Team

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## Orthodontic Limitations

Medicaid covers orthodontics, with prior authorization, for clients up to age 21 years, if the client is Medicaid eligible at the time of service.

After age 21, or **any time a client's Medicaid coverage ends** during orthodontic treatment, payment for any remaining orthodontic treatment becomes the responsibility of the client. This limitation is in the Dental Guidelines Manual, Section 3.2.9 and reads, in part, "Orthodontics is limited to recipients age 0 – 21 years *who meet the eligibility requirements.....*" (emphasis added).

Refer to the Medicaid Provider Handbook for Dental Providers for the specific criteria. It is the provider's responsibility to check the client's Medicaid eligibility **each time** service is provided by calling *EDS* at 1-800-685-3757 or 383-4310 (in the Boise calling area), or using another eligibility verification source. The provider must inform the client of this eligibility and age limitation **before** orthodontic treatment is started.

Submitted by Medicaid Dental Unit

**EDS**  
P.O. Box 23  
Boise Idaho 83707

PRSRT STD  
U.S. POSTAGE PAID  
BOISE, ID  
PERMIT NO. 220



## These tips will help speed claim processing

### Third Party Insurance

Before submitting claims, use the Eligibility Verification System or Voice Response System (VRS) to check for any other insurance coverage. In the Boise area call 383-4310, outside of the Boise area call toll free 1-800-685-3757. If the client has other insurance on the date of service that you are billing, submit the claim to the client's primary insurance carrier **first**.

When using *EDS* software, fill out the 'Plan Information – Primary' screen with the information from the primary insurance EOB. Each field that has a dot beside it has a list associated with it that can be used to select the most appropriate information. Use the 'Plan Information – Secondary' screen to enter the client's Medicaid information.

### Faxed Claims

*EDS* accepts faxed claims for research purposes only. Do **not** submit claims for payment by fax. All paper claims are microfilmed for a permanent record. A faxed claim, when microfilmed, does not produce a clean microfilm copy and cannot be used.

### Rebilling Claims

If one or more details on a claim were denied, do not rebill the entire claim. Line through the paid lines and resubmit the claim. Be sure to check that the Total Billed Amount is Correct. When paid lines are rebilled with unpaid lines the claim will pend to check for duplicates, this will delay the processing of the claim.

# Hints & Tips

### Synagis Billing Codes

Revised Synagis billing codes effective January 1, 2001:

CPT 90378 - Synagis 50mg

CPT 9037A - Synagis 100mg

Bill one of each for a 150mg dose. Do **not** bill two 90378s for a 100 mg dose, use 9037A instead.





# MedicAide

An informational newsletter for Medicaid Providers

## In this issue:

- 1 Important Change in Paper Claim Processing
- 2 HIPAA: Consequences of Non-Compliance with HIPAA
- 3 Attachments, Paper Claims, and Scanning
- 3 Providers Help Idaho Medicaid Work Better
- 4 How To Complete a Paper Claim for Scanning

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  - MA01-10 page 5
  - MA01-11 page 7
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  - Hospitals and ASC
  - All providers are reminded

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State of Idaho

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From the Idaho Department of Health and Welfare, Division of Medicaid

May 2001

## Important Change in Paper Claim Processing

### Electronic Scanning Begins May 1st

In an effort to speed the processing of claims and reduce errors, EDS will begin scanning all paper claims the first of May. This new technology replaces the manual data entry of claims.

Approximately 15% of all Idaho Medicaid claims are submitted on paper claim forms. These claims are manually sorted, microfilmed, and keyed into the AIM system for processing. The process is labor intensive, time consuming, prone to human error, and increasingly outmoded by the advances in electronic imaging. Because the microfilming and data entry process is increasingly outdated, it is costing Idaho Medicaid providers time and money.

Computer technology offers a straightforward solution. Digital imaging combined with optical character recognition and its newest generation technology, intelligent character recognition (ICR), deliver the speed, accuracy, and reliability to transform paper claims processing. This process will speed the handling of paper claims, reduce errors, and give greater flexibility in adjudicating claims.

Now, more than ever, it is very important that all paper claims be easy to read. The only permanent record of paper claims will be the scanned electronic copy. The electronic copy will be used for the actual processing of the claim and for any future claim resolution. **Paper claims that cannot be scanned will be returned to the provider.**

Certain guidelines can be followed to ensure the usability of paper claims. These guidelines are true for the HCFA 1500, UB-92, Dental, and Pharmacy claim forms.



**First**, use only original claims forms. It is essential that the form be in its original color. In the scanning process, a template blocks out the colored form and leaves only what the provider has entered into the required fields.

**Second**, check your provider handbook to determine which fields are required and which are not. A few fields are only required in certain circumstances. Required fields are listed in the handbook billing instructions at the end of Section 3.

**Third**, all the information on the claim form will be scanned to create a picture of the claim. Only data in required fields will be "read", translated into billing data, and entered into the electronic billing system for claims processing.

See page 4 for more information on completing paper claims and an example of the HCFA 1500 claim form.

Submitted by EDS Provider Services

## Consequences of Non-Compliance with HIPAA

*In a continuing effort to provide you with as much information as possible, this article is the 5<sup>th</sup> of the HIPAA series.*

HIPAA (the Health Insurance Portability and Accountability Act) is on the minds of providers more and more, due largely to the costs involved with becoming compliant with the regulations. Implementing HIPAA rules will require substantial financial and human resources during the next five years, or even longer.

So, is non-compliance an alternative?

No. HIPAA rules include severe civil and criminal penalties and ongoing business penalties for non-compliance. In addition, there could be serious operational impacts for any organization that does not comply.

### Civil and Criminal Penalties

The civil penalties spelled out in the rules include a civil penalty of \$100 for each individual violation, with a \$25,000 annual cap for each violation of a specific provision of a rule. The definition of what defines an individual violation of a specific provision should be explained fully when the rule for enforcement of HIPAA rules is released, which is expected later this year.

Criminal penalties are also substantial for anyone who “knowingly misuses a unique health identifier, or obtains or discloses individually identifiable health information.” These penalties are:

- A fine of no more than \$50,000 and/or prison time of no more than a year for knowingly misusing a unique health identifier or for knowingly obtaining or disclosing individually identifiable health information as defined by HIPAA.
- A fine of no more than \$100,000 and/or prison time of up to five years if the misuse described above is done “under false pretenses.”
- A fine of no more than \$250,000 and/or prison time of up to ten years if the misuse described above is committed for purposes of commercial advantage, personal gain or intentional harm.

### Operational Impacts

Non-compliance with HIPAA could also result in increased operational costs for an organization. One of the intents of HIPAA is administrative simplification, which will result when the healthcare industry standardizes how it does business. Simplification and standardization lead to reduced operational costs.

HIPAA impacts the whole healthcare industry — if your organization does not become compliant, others you do business with may either require that you become compliant or choose to not do business with you.

### Summary

Becoming compliant with HIPAA rules is costly, but if your organization wants to continue to do business in the healthcare industry, it will be more costly for you to remain non-compliant.

*Submitted by Becca Ruhl, HIPAA Communication Coordinator*

### HIPAA Information Directory



**Mail:** HIPAA Project  
ATTN: Becca Ruhl, Communication Coordinator  
Idaho Dept of Health & Welfare  
PO Box 83720  
Boise, ID 83720-0036



**Email:** [HIPAA@idhw.state.id.us](mailto:HIPAA@idhw.state.id.us)



**Fax:** HIPAA Project  
ATTN: Becca Ruhl, Communication Coordinator  
208-395-2032



**Internet:** [www.idahohealth.org](http://www.idahohealth.org) and click on the HIPAA Quick Link

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1-800-685-3757  
1-208-383-4310

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PO Box 23  
Boise, ID 83707  
**Provider Enrollment**  
P.O. Box 23  
Boise, Idaho 83707  
**Medicaid Claims**  
PO Box 23  
Boise, ID 83707  
**PCS and ResHab  
Claims**  
PO Box 83755  
Boise, ID 83707

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1-800-897-4929

Region VI - Pocatello  
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Fax  
1-800-359-2236  
1-208-334-5242

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DME Specialist  
DHW Bureau of Medicaid  
Programs  
PO Box 83720  
Boise, ID 83720-0036  
1-866-205-7403  
Fax  
1-800-352-6044  
(att: DME Specialist)

**Transportation Prior  
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1-208-334-4990  
Fax  
1-800-296-0513  
1-208-334-4979

**Medicaid Provider Fraud  
and Utilization Review**

1-866-635-7515(tollfree)  
1-208-334-2020

**PCG**

P.O. Box 2894  
Boise, ID 83701  
1-800-873-5875  
1-208-375-1132  
Fax: 1-208-375-1134

**PRO-West** (telephonic &  
retrospective reviews)  
10700 Meridian Ave. N.  
Suite 100  
Seattle, WA 98133-9075  
1-800-783-9207  
Fax: 1-800-826-3836 or  
1-206-368-2765

**PRO-West Website**  
[www.pro-west.org/](http://www.pro-west.org/)  
[idahomedicaid.htm](http://idahomedicaid.htm)

## Attachments, Paper Claims, and Scanning

The change in procedures for handling paper claims will have little effect on attachments (see page 1, Important Change in Claim Processing). All materials sent with claims will be scanned and used when required for manual review to process claims. However, very few claims actually require attachments.

Paper claims are frequently submitted with unnecessary documentation attached. For claims that require prior authorization, the attachments are sent to the authorizing body and **not** sent with the Medicaid claim. Since most hospital claims have to be prior authorized, the information has already been supplied to PRO-West and there is no need to submit the same information to EDS. As a result, even inpatient hospital claims do **not** require any attachments **unless** they are on the list of exceptions given below.

**No** attachments are required to bill Medicaid **except**:

1. any procedure code used with modifiers 22, 59, and/or 62
2. any CPT codes ending in 99 (unlisted procedures)
3. sterilizations, hysterectomies, and abortions
4. first time billing of oxygen and oxygen supplies need a Certificate of Medical Necessity
5. third party claims (except Medicare) where the payment is **less** than 40%

There is a difference between documentation and attachments. Providers are required to keep certain documentation in the client's file for five years but are not required to submit it with their claim. When billing services requiring justification, use the appropriate comments field for the justification. This can be done electronically since no attachment is required.

The same guidelines for submitting attachments still apply:

1. Check your provider handbook to be sure that the attachment is required.
2. If you have multiple claims using the same attachment, make a copy of the attachment and include one copy with each claim.
3. If the attachment is printed on both sides of the page, make a copy of the back side and include both pages with the claim.
4. If the attachment is a small piece of paper, copy it or tape it to an 8 1/2 by 11 inch piece of paper.
5. If you are submitting several claims together, stack the claims with the required attachments one on top of the other: claim, attachment(s), claim attachment(s), claim, attachment(s). Do **not** use paperclips, staples, 'post-it-notes', or glue.

Check your provider handbook for more information on attachments and documentation. When attachments are not needed for claim processing, the claims can be submitted electronically. Contact EDS for additional information about free ECMS-PC software.

Submitted by EDS Provider Services

## Providers Help Idaho Medicaid Work Better

The Department of Health and Welfare and EDS continually look for ways to improve the service delivered to Idaho Medicaid providers.

In the past, a provider mentioned that every time an update was sent out to the provider handbook, she had to hold the pages up to the light to see what the change was. As a result of this comment, EDS now includes a description of the update in the log sent with updates.

More recently, a provider pointed out that the Electronic Claims Submission Form could include a check-off box for providers who wish to order the ECMS-PC software instead of the provider having to contact EDS. As a result, the new ECS form includes a space for providers to request the software.

Comments and suggestions like these assist the Department and EDS in meeting provider needs. If you have any comments or suggestions, please send them to [mailto:medicaide@mmis.state.id.us](mailto:mailto:medicaide@mmis.state.id.us) or to Becca Ruhl, DHW MAS Unit, PO Box 83720, Boise, ID 83720-0036 or Fax: 208-395-2032, and she will forward them to the appropriate individual.

We welcome your comments and suggestions and would like to thank those of you who have assisted us to improve services in the past.

## How to Complete a Paper Claim for Scanning

When completing any of the paper claim forms, follow these guidelines to ensure that your form is neat and complete.

1. Check your provider handbook for the required fields. When billing Medicaid there is no need to enter data into fields that are not required.

2. Be sure to stay within the box for each field.

3. When entering an X in a check-off box, be sure that the mark is centered in the box.

4. Use **black ink**.

5. Use a typewriter with a good ribbon or a printer with a good ink cartridge. Change the ribbon or ink source if the print is too light.

6. When using a typewriter or printer, make sure the form is lined up correctly so it prints evenly. Claims cannot be processed when the information is not in the correct field.

7. If completing the form by hand, print neatly.

8. Use white-out to cover errors.

9. Do not staple any attachments to the form. (Check your provider handbook to see if an attachment is required.)

10. Do not fold the form. Mail it in a flat 9x12 envelope (minimum size).

The HCFA 1500 claim form shown below is an example of how to complete a paper claim.

Do not write in the open space at the top of the HCFA claim form. It is not necessary to put the Medicaid carrier name.



PLEASE DO NOT STAPLE IN THIS AREA

APPROVED CMS-0005-0008

CARRIER

HEALTH INSURANCE CLAIM FORM

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) CHAMPUS (Sponsor's SSN) CHAMPVA (VA File #) GROUP HEALTH PLAN (SSN or ID) PECA (PECA #) OTHER (PECA #)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) **Lastname, Firstname**

3. PATIENT'S BIRTH DATE MM DD YY M F SEX

4. INSURED'S NAME (Last Name, First Name, Middle Initial) **7654321**

5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. PATIENT STATUS Single Married Other

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IF PATIENT'S CONDITION RELATED TO EMPLOYMENT (CURRENT OR PREVIOUS) YES NO

11. INSURED'S POLICY GROUP OR PECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment herein.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE OF CURRENT ILLNESS (First symptoms) OR INJURY (Accident or PRISONACY/LMP) MM DD YY

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS ONE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24C BY LINK) **00001**

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24A	24B	24C	24D	24E	24F	24G	24H	24I	24J	24K
DATE(S) OF SERVICE	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Specify Unusual Circumstances)	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EXPIRED Family Plan	ENR	CCR	RESERVED FOR LOCAL USE
11/24/2001 11/24/2001	21	00001 MD	1	157 85	1					123456700
11/24/2001 11/24/2001	21	00002 MD	1	250 00	1					123456700

25. FEDERAL TAX ID NUMBER SSN SSN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (If yes, check box) YES NO

28. TOTAL CHARGE \$

29. AMOUNT PAID \$

30. BALANCE DUE \$

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include address or credentials) (Verify that the statements on the reverse apply to this bill and are made a part thereof)

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

33. PHYSICIAN'S, SUPPLIER'S SELLING NAME, ADDRESS, ZIP CODE & PHONE # **Marcus Welby PO Box 001 Smalltown, ID 83000 1234567 7654321**

SIGNED **Signature on file 11/26/2001** DATE

COMMUNITY HOSPITAL 100 Main St Smalltown, ID 83000

FORM HCFA-1500 (12-01) FORM FPD-1500 FORM OMBP-1500

Submitted by EDS Provider Services

### Special notes on the HCFA 1500 claim form:

Do not put any information at the top of the claim form, where it says "CARRIER". This space is used to enter the ICN.

In fields 24 A - K, do not enter more than 6 detail lines. Complete a second claim form if there are more details to be billed.

Field 24k is used when a provider is a member of a group.



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**MEDICAID INFORMATION RELEASE #MA01-09**

**TO: ALL HOSPITAL ADMINISTRATORS**  
**FROM: KATHLEEN ALLYN, Deputy Administrator**  
**SUBJECT: NOTICE OF 2001 MEDICAID RATES FOR EACH SWING-BED DAY AND ADMINISTRATIVELY NECESSARY DAYS (AND)**

Effective for dates of service on or after January 1, 2001, Medicaid will pay the following rates:

Swing-bed Day \$145.33 per day

Administratively Necessary Day (AND) \$132.19 per day

If you have any questions concerning these rates, please contact Esther Ussing at (208) 364-1835.

Thank you for your continued participation in the Idaho Medicaid Program.

**MEDICAID INFORMATION RELEASE #MA01-10**

**TO: ALL DENTAL PROVIDERS**  
**FROM: PAM MASON, Acting Bureau Chief**  
**Bureau of Medicaid Programs & Resource Management**  
**SUBJECT: DENTAL PROCEDURE CODE ADDITIONS/DELETIONS/LIMITATIONS/FEE UPDATES**

Following are procedure codes which have been **added** to our Medicaid Dental covered benefits as of May 1, 2001:

<b>NEW CODE:</b>	<b>DESCRIPTION</b>	<b>FEE</b>
D0170	Re-evaluation, Limited, problem focused (established patient, not post operative visit)	\$24.00
D0277	Vertical bitewings. Single film. Total of four bitewings allowed every 6 months.	\$24.00
D2337	Resin based composite crown, anterior. Permanent teeth. Tooth designation required.	\$95.00
D2388	Resin based composite. Four or more surfaces. Posterior. Permanent teeth. Tooth designation required.	\$87.00
D2750	Crown, porcelain fused to high noble metal. Tooth designation required.	\$318.00
D2752	Crown, porcelain fused to noble metal. Tooth designation required.	\$318.00
D2790	Crown, full cast, high noble. Tooth designation required.	\$300.00
D2792	Crown, full cast, noble metal. Tooth designation required.	\$300.00
D3221	Gross pulpal debridement, primary & permanent teeth. For relief of acute pain prior to conventional root canal therapy. Tooth designation required.	\$50.00
D3346	Retreatment of previous root canal therapy-anterior tooth designation required.	\$210.00
D3347	Retreatment of previous root canal therapy-bicuspid. Tooth designation required.	\$270.00
D3348	Retreatment of previous root canal therapy molar. Tooth designation required.	\$315.00
D7471	Excision of bone tissue-removal of exostosis. Maxilla or mandible. Arch designation required.	\$158.00
D8691	Repair of orthodontic appliances. Limited to one occurrence.	\$50.00
D9241	Intravenous sedation/analgesia – first 30 minutes. <b>A dental provider must be certified to administer intravenous sedation.</b>	\$80.00
D9242	Intravenous sedation/analgesia-each additional 15 minutes. <b>A dental provider must be certified to administer intravenous sedation.</b>	\$30.00
D9410	House/extended care facility call. Includes visits to nursing homes, long-term care facilities hospice sites, institutions etc. Report in addition to reporting appropriate code numbers for actual services performed. Limited to once per day per patient.	\$30.00

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Following are Medicaid dental procedure codes that are **no longer benefits** as of May 1, 2001:

D7470 Removal of exostosis  
D9240 IV sedation  
D9910 Application of desensitizing medicament

Following is a Medicaid dental procedure **fee change and limitation change** as of May 1, 2001:

D0460 Pulp vitality test, **per tooth**. Tooth designation required.  
New fee: **\$15.00**

*Limited to 6 teeth per visit.*

**Other Medicaid dental limitation changes** as of May 1, 2001:

D0330 Panoramic film. Allowed once in a **36 month** period.

D1520 & D1525 Space maintainer, removable –(unilateral & bilateral).

Allowed once every two years up to 21 years of age.

**Arch designation required.**

(Tooth designation is no longer required)

D2954 Prefabricated post & core in addition to crown.

**Tooth designation required.**

D8670 Orthodontic monthly adjustments. **ALWAYS REQUIRES PRIOR AUTHORIZATION.** When utilizing treatment codes D8050, D8060, D8070, D8080 or D8090, a maximum of 24 adjustments over 2 years will be allowed (12 per year). When utilizing treatment codes D8210 or D8220, two adjustments will be allowed per treatment.

**Transfers: Clients already in orthodontic treatment who transfer to Idaho Medicaid must have their continuing treatment justified and authorized by the Department.**

D9420 Hospital call: **limited to once per day per patient. If procedures are done in other than hospital or surgery center use procedure code D9410.**

D9920 Behavior management. **Limited to once per patient per day.**

(no longer reported in 15 minute increments)

**Fee: \$22.00**

D9951 Occlusal adjustment. **Quadrant designation no longer required.**

Crown codes D2710, D2721, D2750, D2751, D2752, D2790, D2791 and D2792 require prior authorization and are allowed in primary teeth with justification.

The following are **updated descriptions** of Medicaid procedure codes **D9310 and D9920** as of May 1, 2001:

**D9310 Consultation:**

Provided by a dentist or physician whose opinion or advice regarding the evaluation, management and/or treatment of a specific problem or condition is requested by another dentist or physician. The written or verbal request for a consult must be documented in the patient's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated to the requesting dentist or physician. A dental consultant may initiate diagnostic and/or therapeutic services at the same or subsequent visit.

**D9920 Behavior Management:**

May be reported in addition to treatment provided when the patient is developmentally disabled, mentally ill, or is especially uncooperative and difficult to manage, resulting in the dental staff providing additional time, skill and/or assistance to render treatment. Notation and justification must be written in the patient record identifying the specific behavior problem and the technique used to manage it. Allowed once per patient per day. (This code will not longer be reported in 15-minute increments.)

Replacement pages for the Medicaid Dental Guidelines Handbook will be mailed out from EDS within six to eight weeks. A Dental Fee Schedule will be mailed out to all Medicaid Dental providers from the Bureau of Medicaid Programs within a few weeks.

If you have questions regarding this information please contact the Medicaid Dental Unit at (208) 364-1839.



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**MEDICAID INFORMATION RELEASE #MA01-11**

**TO: HOSPITALS, DEVELOPMENTAL DISABILITY AGENCIES, PROVIDERS OF SCHOOL BASED SERVICES AND INDEPENDENT PHYSICAL THERAPY PROVIDERS**

**FROM: PAM MASON, Acting Bureau Chief**

**SUBJECT: HCPC CODE G0169 DISCONTINUED AND REPLACED BY CPT 97601**

The 2001 Medicare National Level II Codes (HCPCS) has deleted G0169, wound debridement. This code was added to the list of covered services for Idaho Medicaid participants effective July 1, 2000. HCPC Code G0169 will be discontinued as a billable code effective May 31, 2001. CPT code 97601 will replace the discontinued code. You may bill either code until May 31, 2001.

If you have any questions regarding this change, please contact Christine Cuellar, Alternative Care Coordinator at (208) 334-5795. Thank you for your continued participation in the Idaho Medicaid Program.

**MEDICAID INFORMATION RELEASE #MA01-12**

**TO: HOSPITALS, AMBULATORY SURGICAL CENTERS, PHYSICIANS AND PHYSICIAN ASSISTANTS**

**FROM: RANDY W. MAY, Deputy Administrator  
Division of Medicaid**

**SUBJECT: CODE CHANGES FOR PRIOR AUTHORIZATION**

Effective June 1, 2001, Cholecystectomy and Coronary Bypass surgeries will no longer require prior authorization from either the Department or PRO-West. Refer to the attached Select Pre-Authorization List for the specific ICD-9 and CPT codes.

Effective June 1, 2001, the following ICD-9 codes will be added to the Select Pre-Authorization List for review by PRO-West: Arthrodesis (Spinal Fusion) 78.59, Laminectomy/Discectomy 03.1, and 03.6.

Effective June 1, 2001, prior authorization requests for surgeries for Abdominoplasty and Panniculectomy, will no longer be reviewed by PRO-West, but will instead be reviewed by the Department's Medical Consultant. Refer to the attached Select Pre-Authorization List for the specific ICD-9 and CPT codes.

All requests for pre-approval from the Department should include the following:

- Requesting and performing provider name, Medicaid provider number and phone number
- Client name and Medicaid ID number
- CPT codes and description of procedure requested
- Expected date of surgery and location (inpatient, outpatient and facility name)
- Justification and supporting documentation for medical necessity of the surgery

Send or FAX requests to:

Division of Medicaid  
Attention: Medical Consultant Review  
PO Box 83720  
Boise, ID 83720-0036

FAX 208 364-1846

**V-Codes That May be Used for Principal Diagnoses**

Following is an updated list of approved V-Codes, which can be used, if appropriate, as the principal diagnosis code for preauthorization and concurrent review purposes.

Questions regarding requests for Department authorizations may be directed to Bonnie Rhoades at 208 364-1839. Questions regarding PRO-West authorization or contract issues contact Arlee Coppinger at 208 334-5754.

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### Approved List of V-Codes That May Be Used for Principal Diagnoses - page 1 of 2

The following list of approved V-Codes may be used, if appropriate, as the principal diagnosis codes for pre-authorization and concurrent review purposes. Only V-Codes that are on this list will be accepted by the PRO-West nurse reviewers when performing pre-authorization or concurrent review for Idaho Medicaid clients.

- V07 Need for Isolation and Other Prophylactic Measures
  - V07.0 Isolation: Admission to protect the individual from his/her surroundings or for isolation of the individual after contact with infectious diseases
  - V07.39 Other prophylactic chemotherapy
  - V07.8 Other Specified Prophylactic Measure
- V20 Health Supervision of Infant or Child
  - V20.0 Foundling
- V23 Supervision of high-risk pregnancy
  - V23.81 Elderly primigravida
  - V23.82 Elderly multigravida
  - V23.83 Young primigravida
  - V23.84 Young multigravida
  - V23.89 Other high risk pregnancy
- V24 Postpartum Care and Examination
  - V24.0 Immediately After Delivery: Care and observation in uncomplicated cases
- V25 Encounter for contraceptive management
  - V25.2 Sterilization: Admission for interruption of fallopian tubes or vas deferens
  - V25.3 Menstrual Extraction: Menstrual regulation
- V26 Procreative Management
  - V26.0 Tuboplasty or Vasoplasty After Previous Sterilization
- V29 Observation and Evaluation of Newborns and Infants for Suspected Condition Not Found
  - V29.0 Observation for Suspected Infectious Condition
  - V29.1 Observation for Suspected Neurological Condition
  - V29.2 Observation for suspected respiratory condition
  - V29.3 Observation for suspected genetic or metabolic condition
  - V29.8 Observation for Other Specified Suspected Conditions

The following fourth-digit subdivisions are for use with categories V30-V39

- 0 Born in hospital
- 1 Born before admission to hospital

The following two fifth digits are for use with the fourth digit, .0 born hospital.

- 0 Delivered without mention of Cesarean delivery
- 1 Delivered by Caesarian delivery

- V30 Single Liveborn
- V31 Twin: Mate Liveborn
- V32 Twin: Mate Stillborn
- V33 Twin: Unspecified
- V34 Other Multiple: Mates All Liveborn
- V35 Other Multiple: Mates All Stillborn
- V36 Other Multiple: Mates Live and Stillborn
- V37 Other Multiple: Unspecified

- V50.0 Hair transplant
- V50.1 Other plastic surgery for unacceptable cosmetic appearance: Breast augmentation or reduction & Face-lift
- V50.2 Routine or Ritual Circumcision: Circumcision in the absence of significant medical indication
- V50.4 Prophylactic organ removal
- V50.41 Breast
- V50.42 Ovary
- V50.49 Other
- V51 Aftercare Involving the Use of Plastic Surgery: Plastic Surgery Following Healed Injury or Operation
- V52 Fitting and Adjustment of Prosthetic Device and Implant
  - V52.0 Artificial Arm (complete) (partial)
  - V52.1 Artificial Leg (complete) (partial)
  - V52.2 Artificial Eye
  - V52.3 Dental Prosthetic Device
  - V52.4 Breast Prosthesis and Implant
  - V52.8 Other Specific Prosthetic Device
- V54 Other Orthopedic Aftercare
  - V54.0 Aftercare Involving Removal of Fracture Plate or Other Internal Fixation Device: Removal of: pins; plates; rods; screws
- V55 Attention to Artificial Openings-- Includes: adjustment or repositioning of catheter, Closure, passage of sounds or bougies, reforming, removal or replacement of catheter, and toilet or cleansing
  - V55.0 Tracheostomy
  - V55.1 Gastrostomy
  - V55.2 Ileostomy
  - V55.3 Colostomy
  - V55.4 Other Artificial Opening of Digestive Tract
  - V55.5 Cystostomy
  - V55.6 Other Artificial Opening of Urinary Tract: Nephrostomy; Urethrostomy; Ureterostomy
  - V55.7 Artificial Vagina
  - V55.8 Other Specified artificial opening
- V56 Encounter for Dialysis and Dialysis Catheter Care-- Includes: dialysis preparation and treatment
  - V56.0 Extracorporeal Dialysis: Dialysis (renal) NOS
  - V56.1 Fitting and adjustment of peritoneal dialysis catheter: Removal or replacement of catheter; toilet or cleansing
  - V56.2 Fitting and adjustment of peritoneal dialysis catheter
  - V56.3 Encounter for adequacy testing for dialysis
  - V56.31 Encounter for adequacy testing for hemodialysis
  - V56.32 Encounter for adequacy testing for peritoneal dialysis
  - V56.8 Other Dialysis: Peritoneal dialysis

## Approved List of V-Codes That May Be Used for Principal Diagnoses - page 2 of 2

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|---|---|
| <p>V57 Care Involving Use of Rehabilitation Procedures</p> <p style="padding-left: 20px;">V57.1 Other Physical Therapy: Therapeutic and remedial exercises, except breathing</p> <p style="padding-left: 20px;">V57.2 Occupational Therapy and Vocational Rehabilitation</p> <p style="padding-left: 40px;">V57.21 Encounter for occupational therapy</p> <p style="padding-left: 40px;">V57.22 Encounter for vocational therapy</p> <p style="padding-left: 20px;">V57.3 Speech Therapy</p> <p style="padding-left: 20px;">V57.89 Other Specific Rehabilitation Procedure</p> <p style="padding-left: 20px;">V57.9 Unspecified Rehabilitation Procedure</p> <p>V58 Encounter for Other and Unspecified Procedures and Aftercare</p> <p style="padding-left: 20px;">V58.0 Radiotherapy: Encounter or admission for radiotherapy</p> <p style="padding-left: 20px;">V58.1 Chemotherapy: Encounter or admission for chemotherapy</p> <p style="padding-left: 20px;">V58.4 Other Aftercare Following Surgery</p> <p style="padding-left: 20px;">V58.41 Encounter for planned postoperative wound closure</p> <p style="padding-left: 20px;">V58.49 Other specified aftercare following surgery</p> <p style="padding-left: 20px;">V58.6 Long-term (current) drug use</p> <p style="padding-left: 20px;">V58.61 long-term (current) use of anticoagulants</p> <p style="padding-left: 20px;">V58.62 long-term (current) use of antibiotics</p> <p style="padding-left: 20px;">V58.69 long-term (current) use of other medications: High-risk medications</p> <p style="padding-left: 20px;">V58.8 Other specified procedures and aftercare</p> <p style="padding-left: 20px;">V58.81 Fitting and adjustment of vascular catheter: Removal or replacement of catheter; toilet or cleansing</p> <p style="padding-left: 20px;">V58.82 Fitting and adjustment of nonvascular catheter, NEC: Removal or replacement of catheter; toilet or cleansing</p> <p style="padding-left: 20px;">V58.83 Encounter for therapeutic drug monitoring</p> <p style="padding-left: 20px;">V58.89 Other specified aftercare</p> <p>V59 Donors</p> <p style="padding-left: 20px;">V59.1 Skin</p> <p style="padding-left: 20px;">V59.2 Bone</p> <p style="padding-left: 20px;">V59.3 Bone Marrow</p> <p style="padding-left: 20px;">V59.4 Kidney</p> <p style="padding-left: 20px;">V59.5 Cornea</p> <p style="padding-left: 20px;">V59.6 Liver</p> <p style="padding-left: 20px;">V59.8 Other specified Organ or Tissue</p> <p>V61.21 Counseling for victim of child abuse: Child Battering; Child Neglect</p> <p>V65 Other Persons Seeking Consultation Without Complaint or</p> | <p>V67 Follow-up Examination-- Includes: surveillance only following completed treatment</p> <p style="padding-left: 20px;">V67.00 Following surgery, unspecified</p> <p style="padding-left: 20px;">V67.01 Follow-up vaginal pap smear: Vaginal pap-smear, status-post hysterectomy for malignant condition</p> <p style="padding-left: 20px;">V67.09 Following other surgery</p> <p style="padding-left: 20px;">V67.1 Following radiotherapy</p> <p style="padding-left: 20px;">V67.2 Following chemotherapy: Cancer chemotherapy follow-up</p> <p style="padding-left: 20px;">V67.3 Following psychotherapy and other treatment for mental disorder</p> <p style="padding-left: 20px;">V67.4 Following treatment of healed fracture</p> <p style="padding-left: 20px;">V67.51 Following completed treatment with high-risk medications, not elsewhere classified</p> <p style="padding-left: 20px;">V67.59 Other</p> <p style="padding-left: 20px;">V67.6 Following Combined Treatment</p> <p>V71 Observation and Evaluation for Suspected Conditions not found-- Includes: Cases which present some symptoms or evidence of an abnormal condition which required study, but which after examination and observation show no need for further treatment or medical care; administrative and legal observation status.</p> <p style="padding-left: 20px;">V71.01 Adult Antisocial Behavior: Dyssocial behavior or gang activity in adult without manifest psychiatric disorder</p> <p style="padding-left: 20px;">V71.02 Childhood or Adolescent Antisocial Behavior: Dyssocial behavior or gang activity in child or adolescent without manifest psychiatric disorder</p> <p style="padding-left: 20px;">V71.09 Other Suspected Mental Condition</p> <p style="padding-left: 20px;">V71.1 Observation for Suspected Malignant Neoplasm</p> <p style="padding-left: 20px;">V71.2 Observation for Suspected Tuberculosis</p> <p style="padding-left: 20px;">V71.3 Observation Following Accident at Work</p> <p style="padding-left: 20px;">V71.4 Observation Following Other Accident: Examination of individual involved in motor vehicle traffic accident</p> <p style="padding-left: 20px;">V71.5 Observation Following Alleged Rape or Seduction: Examination of victim or culprit</p> <p style="padding-left: 20px;">V71.6 Observation Following Other Inflicted Injury: Examination of victim or culprit</p> <p style="padding-left: 20px;">V71.7 Observation for Suspected Cardiovascular Disease</p> <p style="padding-left: 20px;">V71.8 Observation for Other Specified Suspected Conditions</p> <p style="padding-left: 20px;">V71.81 Observation for Abuse and Neglect</p> <p style="padding-left: 20px;">V71.89 Observation for other specified suspected conditions: Alleged suicide attempt; Deleterious agent ingestion; Foreign body ingestion; Infectious disease not requiring isolation</p> |
|---|---|

SELECT PRE-AUTHORIZATION LIST OF DIAGNOSES AND PROCEDURES FOR IDAHO MEDICAID  
AND DIVISION OF FAMILY AND COMMUNITY SERVICES CLIENTS  
Revised June 2001

PRE-AUTHORIZATION LIST REQUIRING PRO-WEST REVIEW  
1 800-783-9207

All surgical procedures on this list require pre-authorization for inpatient and outpatient services.

Procedure	ICD-9-CM Code	CPT Code
	<b>October 2000</b>	<b>October 2000</b>
Abdominoplasty, Panniculectomy <b>Effective for Dates of Service beginning 6/1/01 and thereafter, review by Department</b>	86.83	15831, 15877
Arthrodesis (Spinal Fusion)	78.59 81.00 through 81.09	22548, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22851, 27280
Cholecystectomy <b>Effective for Dates of Service beginning 6/1/01 and thereafter, no longer needs pre- admission review</b>	51.22, 51.23	47562, 47563, 47564 (Effective 1/01/00), 47600, 47605, 47610, 47612, 47620 (56340, 56341, 56342 Delete effective 4/1/00)
Coronary Bypass <b>Effective for Dates of Service beginning 6/1/01 and thereafter, no longer needs pre- admission review</b>	36.10 through 36.17 36.19	33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536
Hysterectomy Abdominal Vaginal Laparoscopic Radical Other and Unspecified	68.3, 68.4, 68.6 68.51, 68.59  68.7 68.9	58180, 59135, 59525 58150, 58152, 58200, 58951, 59135, 59525 58210 58550, 58260, 58262, 58263, 58267, 58270, 58275, 58280 58285, 58550 (56308 Delete effective 4/1/00)
Laminectomy/Discectomy  Effective 9/1/98	03.02 03.09 03.1 03.6 80.50 80.51	63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044 (effective 1/1/01), 63045, 63046, 63047, 63048, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200
Reduction Mammoplasty Unilateral, Bilateral	85.31, 85.32	19318
<b>NOTE: A post-discharge retrospective chart review will be conducted in addition to the pre-admission review for all reduction mammoplasty. PRO-West will initiate a request to the facility to obtain the medical record for review.</b> Be advised that in most circumstances, Idaho Medicaid does not cover contra-lateral mastectomy and secondary reconstruction procedures.		
Total Hip Replacement Revision	81.51 81.53	27130 27132, 27134, 27137, 27138
Partial Hip Replacement Effective 9/1/98	81.52	27125

SELECT PRE-AUTHORIZATION LIST OF DIAGNOSES AND PROCEDURES - continued

Procedure	ICD-9-CM Code	CPT Code
Transplants		
Bone Marrow Transplant		
Autologous	41.00, 41.01, 41.04, <b>41.07, 41.09</b> (Effect. 10/1/2000)	38241
Allogenic	41.02, 41.03, 41.05, 41.06, <b>41.08</b> (Effect. 10/1/2000)	38240
Liver Transplant	50.59	47135, 47136
Kidney Transplant	55.61 55.69	50380 50360, 50365
Heart Transplant	37.5	33945
(Note: Transplant facilities must be Medicare approved.)		
Alcohol and Drug Rehabilitation and Detoxification <b>Inpatient Only</b>		
Alcohol Rehabilitation	94.61	90899
Alcohol Detoxification	94.62	90899
Alcohol Rehabilitation and Detoxification	94.63	90899
Drug Rehabilitation		
Drug Detoxification	94.64	90899
Drug Rehabilitation and Detoxification	94.65	90899
Combined Alcohol and Drug Rehabilitation	94.66	90899
Combined Alcohol and Drug Detoxification	94.67	90899
Combined Alcohol and Drug Rehabilitation and Detoxification	94.68 94.69	90899 90899
Psychiatric Admissions (Diagnosis Codes)	291.0 through 314.0 (Effective 10/1/2000, includes new diagnosis codes 294.10 and 294.11)	
<b>Inpatient Only</b>		
Physical Rehabilitation: Care involving use of rehabilitation procedures	V57 (Diagnosis Code) This includes admission to all rehabilitation facilities, regardless of diagnosis.	
<b>Inpatient Only</b>		

**MEDICAID INFORMATION RELEASE #MA01-13**

**TO: ALL HOSPICE PROVIDERS**

**FROM: PAM MASON, Acting Bureau Chief**  
**Bureau of Medicaid Programs and Resource Management**

**SUBJECT: HOSPICE RATES**

Effective for dates of service on or after 4/1/2001, Medicaid has revised its hospice rates as follows:

Revenue Code/Description	Rural	Urban Ada/Canyon County
<b>651 – Routine Care</b>	<b>\$ 101.32</b>	<b>\$ 104.53</b>
<b>652 – Continuous Care</b>	<b>\$ 590.83</b>	<b>\$ 609.53</b>
<b>655 – Respite Care</b>	<b>\$ 111.52</b>	<b>\$ 114.26</b>
<b>656 – General Inpatient Care</b>	<b>\$ 451.88</b>	<b>\$ 465.16</b>

Adjustments, for dates of service after 4/1/2001 can be made by the provider for claims that have been processed at the incorrect rate.

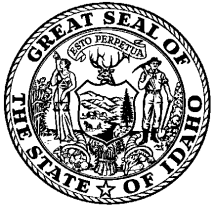
The Hospice cap will remain at \$15,916.98

If you have any questions, please call Esther Ussing at (208) 364-1835 or Arla Farmer at (208) 364-1958.

Thank you for your continued participation in the Idaho Medicaid Program.

**EDS**  
P.O. Box 23  
Boise Idaho 83707

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PERMIT NO. 220



## Attention: Business Office

### Healthcare Conference Reminder

Medicaid providers are invited to attend one of the annual Idaho Healthcare Conferences beginning in May. These conferences are held in six locations around the state.

Tuesday, May 8	Clarkston, WA
Wednesday, May 9	Post Falls
Tuesday, May 22	Idaho Falls
Wednesday, May 23	Pocatello
Thursday, May 24	Burley
Wednesday, June 6	Boise

For more information about workshops, times and locations, see the April MedicAide newsletter for more information, or email to <mailto:medicaide@mmis.state.id.us>, or call EDS at 1-800-685-3757 (option 0, 0).

### Pharmacy

The fax number to request prescription pre-authorization has changed effective May 1, 2001. The new number is **1-208-364-1811**.

### Hospitals and ASC

Bill procedure code 58563 with revenue code 490 and a TOB of 831.

Hints  
& Tips

### All providers are reminded. . .

- whenever providers renew their certification or license, send a copy of the renewal to EDS. Two reminder notices are sent to all providers as their expiration date is approaching. Be sure to include the reminder notice with the copy of the renewal. Providers are automatically made inactive if they do not have current documentation of licenses and/or certificates on file with EDS.
- be sure to make an appointment before coming to the EDS business office. This will ensure that the provider can be seen promptly and that the EDS representative has all of the materials needed to help the provider ready in advance.
- when a claim is denied for 'other insurance', submit a **new** claim along with the EOB from the other insurance carrier.
- EDS does **not** do prior authorization. See your provider handbook for the appropriate agency to contact for prior authorization.





*In a continuing effort to provide you with as much information as possible, this article is the 6<sup>th</sup> of the HIPAA series.*

The Idaho Department of Health and Welfare is evaluating the changes that will be required to meet the HIPAA legislation signed in 1996. Here are updates for each of our current projects.

### Transactions and Code Sets

We have completed part of the technical analysis and selected the contractor who will perform the business analysis. The contractor is FourThought Group, and they will be doing the business analysis for all Department units, sections, bureaus, and divisions. Once this is complete, remediation will begin.

### Privacy

On April 13<sup>th</sup>, President Bush said he would not delay the implementation of the Privacy rules. However, he did say that changes could be expected. Based on the rule as published, the Department is beginning the process of both technical and business analyses.

### Statewide Coordinating Council

In the March 2001 issue of the *MedicAide*, the Department discussed its thoughts about sponsoring a HIPAA coordinating council. At that time, the DHW wasn't the only one thinking along those lines – the Idaho Medical Association (IMA) was also. In April, the IMA invited stakeholders (many of the same the Department was planning to invite) to a meeting to determine if having a HIPAA Coordinating Coalition would be beneficial. The Department has decided to support the IMA's efforts, rather than duplicating them. Future issues of the *MedicAide* will include more information regarding the HIPAA Coordinating Coalition.

### Need More Information?

If you need more information regarding HIPAA, check our link on this web site: [www.idahohealth.org](http://www.idahohealth.org). The Department has gathered information pertaining to HIPAA, reliable web sites, and contact information for any questions you have.

*Submitted by Becca Ruhl, HIPAA Communication Coordinator*

#### H I P A A Information Directory



**Mail:** HIPAA Project  
ATTN: Becca Ruhl, Communication Coordinator  
Idaho Dept of Health & Welfare  
PO Box 83720  
Boise, ID 83720-0036



**Email:** [HIPAA@idhw.state.id.us](mailto:HIPAA@idhw.state.id.us)



**Fax:** HIPAA Project  
ATTN: Becca Ruhl, Communication Coordinator  
208-395-2032



**Internet:** [www.idahohealth.org](http://www.idahohealth.org) and click on the HIPAA Quick Link

#### Phone Numbers Addresses Web Sites:

#### Voice Response System

1-800-685-3757  
1-208-383-4310

#### EDS

##### Correspondence

PO Box 23  
Boise, ID 83707  
**Provider Enrollment**  
P.O. Box 23  
Boise, Idaho 83707

##### Medicaid Claims

PO Box 23  
Boise, ID 83707

##### PCS and ResHab

**Claims**  
PO Box 83755  
Boise, ID 83707

#### EDS Provider Fax

1-208-395-2072

#### DHW Websites:

[www2.state.id.us/dhw](http://www2.state.id.us/dhw)  
[www.idahohealth.org](http://www.idahohealth.org)

#### Healthy Connections

Region I - Coeur d'Alene  
1-208-666-6766  
1-800-299-6766

Region II - Moscow  
1-208-882-3502  
1-800-799-5088

Region III - Nampa  
1-208-442-2808  
1-800-494-4133

Region IV - Boise  
1-208-334-4676  
1-800-354-2574

Region V - Twin Falls  
1-208-736-4793  
1-800-897-4929

Region VI - Pocatello  
1-208-236-6363  
1-800-284-7857

Region VII - Idaho Falls  
1-208-525-7115  
1-800-919-9945

Spanish Speaking  
1-800-862-2147

Statewide  
Americana Terrace  
P.O. Box 83720  
Boise, ID 83720-0036  
1-208-334-4930  
1-800-378-3385

Phone Numbers  
Addresses  
Web Sites:

**Client Assistance Line**

Toll free:  
1-888-239-8463

**Idaho CareLine**

(for Spanish speaking  
clients)  
1-800-926-2588

**EMS Bureau Review Unit**

1-800-362-7648  
1-208-334-2484  
Fax  
1-800-359-2236  
1-208-334-5242

**DME Prior Authorizations**

DME Specialist  
DHW Bureau of Medicaid  
Programs  
PO Box 83720  
Boise, ID 83720-0036  
1-866-205-7403  
Fax  
1-800-352-6044  
(att: DME Specialist)

**Transportation Prior  
Authorization Unit**

1-800-296-0509  
1-208-334-4990  
Fax  
1-800-296-0513  
1-208-334-4979

**Medicaid Provider Fraud  
and Utilization Review**

1-866-635-7515(tollfree)  
1-208-334-2020

**PCG**

P.O. Box 2894  
Boise, ID 83701  
1-800-873-5875  
1-208-375-1132  
Fax: 1-208-375-1134

**PRO-West** (telephonic &  
retrospective reviews)

10700 Meridian Ave. N.  
Suite 100  
Seattle, WA 98133-9075  
1-800-783-9207  
Fax: 1-800-826-3836 or  
1-206-368-2765

**PRO-West Website**

[www.pro-west.org/  
idahomedicaid.htm](http://www.pro-west.org/idahomedicaid.htm)

## Medicaid Infrastructure Grant: Medicaid Buy-in for Workers with Disabilities

The Idaho Department of Health and Welfare received grant funds to analyze and develop a program so that Idahoans with disabilities do not have to choose between taking a job and maintaining their health care coverage.

The grant funds will help Idaho design a Medicaid Buy-in Program that will be considered by the Legislature. This program will allow Idahoans with disabilities that want to work the option of buying Medicaid on a sliding-fee scale if they return to work or enter the work force.

A 15-person advisory committee, the Medicaid Buy-in Steering Committee, has been established to help guide the process. Working groups, composed of a wide range of stakeholders, will be created to develop and present recommendations on program design to the Steering Committee. The Department plans to have a proposal ready for consideration by Idaho's Legislature during the 2002 session.

If you are interested in serving on a working group, please contact Eileen Wardle at 208-364-1808.

*Submitted by Eileen Wardle, Medicaid Administration*

## Expiring Licenses

Several types of licenses expire annually on June 30th. Providers that fail to send in a copy of their new license by the expiration date will have their provider number **automatically inactivated** on the first business day after the expiration date.

The provider types with Idaho licenses that expire annually on June 30th are:

Chiropractor	Pharmacy
Denturist	Physical Therapist
Hearing Aid Vendor	Physician
Licensed Professional Counselor - Private (LPC-P)	Physician's Assistant
Optometrist	Podiatrist
Osteopath	Psychologist
	Social Worker

To remain an active Idaho Medicaid Provider, please write your Idaho Medicaid provider number on a copy of your new license and fax or mail ASAP to:

*EDS Provider Enrollment*  
P.O. Box 23  
Boise, ID 83707  
Fax: (208) 395-2072

*Submitted by the Medicaid Automated Systems Unit*

## Changes in Law Affecting State-Funded Abortions

Legislation passed during the 2001 legislative session deletes language in Section 56-209c of the Idaho Code that allowed state funds to be used for abortions necessary to save the health of the mother. Effective July 1, 2001, the only state-funded abortions will be through the Medicaid program for situations where the abortion is requested in a case of rape or incest, or is necessary to save the life of the mother. We will be publishing more details on this change in the July *MedicAide* newsletter. If you have any questions you may contact Dr. Thomas Young at (208) 364-1902.

*Submitted by the Medicaid Policy*

# Contractual Agreements Discounts

continued from page 1

## 2. Usual and Customary Method

Take the amount other insurance has paid (do not include Medicare payments) and add to it the contractual agreement adjustment or discount for the amount already paid to the provider. Enter the usual and customary charge for the service in the Charges field. Subtract the amount already paid from the usual and customary charge and enter the balance in the balance due field.

Other insurance payment amount	\$38.00
Contractual agreement adjustment	+ \$2.50
Total amount paid to provider	\$40.50

Usual and customary charge	\$50.00
Total amount paid	- \$40.50
Balance due	\$9.50

19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)										22. MEDICAID RESUBMISSION CODE									
1. _____										ORIGINAL REF. NO.									
2. _____										23. PRIOR AUTHORIZATION NUMBER									
3. _____																			
4. _____																			
24. A. DATE(S) OF SERVICE From To B. Place of Service C. Type of Service D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS CODE										F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM I. J. COB K. RESERVED FOR LOCAL USE									
1.																			
2.																			
3.										\$50.00									
4.																			
5.																			
6.																			
25. FEDERAL TAX I.D. NUMBER SSN EIN										26. PATIENT'S ACCOUNT NO.									
27. ACCEPT ASSIGNMENT? (For prov. claims, see back)										28. TOTAL CHARGE \$50.00									
										29. AMOUNT PAID \$40.50									
										30. BALANCE DUE \$9.50									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS										32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)									
										33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #									

Adapted from the Idaho Medicaid Provider Handbook

## Providers Using Electronic Funds Transfer

Providers using automatic deposit, also known as electronic funds transfer (EFT), need to update their banking information whenever they change banking accounts. Providers who bank with First Security Bank or Wells Fargo may have their banking information changed as a result of their recent merger.

If you use EFT and you bank with First Security Bank, you need to determine if your bank account information has changed. This includes bank name, address, phone number, account number, and transaction routing number.

If any of these have changed, do the following:

PCS and Reshab providers: contact your RMU or Regional Office and give them your new bank account information for electronic deposit as soon as you receive it.

All other providers with electronic deposit need to contact *EDS* at 208-395-2034 to receive a new EFT form to update your account information. Please leave a message with your name, provider number, address or fax number to receive an update form.

If you experience any problems with your EFT deposits for the payments dated 4/23/2001 or 5/3/2001, contact your banking facility before contacting *EDS*.

Submitted by *EDS* Provider Claims

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## MEDICAID INFORMATION RELEASE # MA01-14

**TO: HOSPITAL AND PHYSICIAN PROVIDERS**  
**FROM: PAMELA MASON, Acting Bureau Chief**  
**Bureau of Medicaid Programs and Resource Management**  
**SUBJECT: SURGICAL CODES FOR PRIOR AUTHORIZATION REVIEW**

Hospitals: As of July 01, 2001, the following ICD-9 procedure codes will require prior authorization from The Department.

85.53 *Unilateral breast implants*

85.96 *Removal of breast tissue expander*

Physicians: As of July 01, 2001, the following CPT procedure code will require prior authorization from The Department.

11970 Replacement of tissue expander with permanent prosthesis

If you have any questions in regard to this Information Release, please contact Colleen Osborn at (208) 364-1923 or Esther Ussing at (208) 364-1835.

Thank you for your continued participation in the Idaho Medicaid Program.

## Idaho Healthcare Conference (IHCC) Questions about HIPAA

During the recent IHCC HIPAA presentations, I was asked a few questions which I was not able to respond to immediately. Here are those questions and the answers:

### 1. Who is responsible for the enforcement of the HIPAA Privacy Rules?

The U.S. Department of Health and Human Services Office of Civil Rights will be responsible for enforcing the new rules.

### 2. Where can a provider obtain a copy of the Transactions Implementation Guidelines?

Electronic copies are available of the HIPAA Implementation Guides (ANSI ASC X12N) at <http://hipaa.wpc-edi.com/>.

### 3. Where can a business get information on the privacy rule and guidelines?

Information available at this date can be found on the Internet. A complete version of Standards for Privacy of Individually Identifiable Health Information Rule is available at:

→ HTML format: <http://aspe.os.dhhs.gov/admnsimp/final/PvcTxt01.htm>

→ PDF format: <http://aspe.hhs.gov/admnsimp>

### 4. Where can a business that does not have the Internet obtain information?

Right now, that is the challenge. Much of the information available is online because of the amount of information contained. The Department is trying to find ways to get this information to providers as cost effectively and timely as possible.

*Submitted by Becca Ruhl, HIPAA Communication Coordinator*

**EDS**  
**P.O. Box 23**  
**Boise Idaho 83707**

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BOISE, ID  
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E

## Attention: Business Office

### Vision Service Providers

To avoid delays in processing orders, SWEEP Optical requests that providers review orders for accuracy and completeness before submitting them.

### Pro-West Select Pre-Authorization List Clarification

Hospital and Physician providers please note that changes listed on the select pre-authorization list in the May 2001 *Medic/Aide* are effective for **dates of service** June 1, 2001 and thereafter. The changes are:

- ➔ cholecystectomy and coronary bypass surgeries for **date of service** June 1, 2001 and thereafter, will no longer require review by either PRO-West or the Department.
- ➔ abdominoplasty and panniculectomy surgeries for **date of service** June 1, 2001 and thereafter, will no longer require review by PRO-West, but will **now** require review by the Department.

Surgery for gastric bypass will continue to be pre-authorized by the Department's Medical Consultant, but authorization notification will be sent from the Department.

Any changes necessary to prior authorizations issued by the Department should be directed to the Medical Consultant at the fax number 208-364-1811, attention Bonnie. Questions may be directed to Medicaid Operations, Arlee Coppinger at 334-5754.

## Hints & Tips

*MedicAide* is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:  
Becca Ruhl, Administrative Assistant  
Division of Medicaid

Cynthia Brandt,  
Publications Coordinator, EDS

If you have any comments or suggestions, please send them to:  
<mailto:medicaide@mmis.state.id.us>  
or

Becca Ruhl, DHW MAS Unit, PO Box 83720, Boise, ID 83720-0036. Fax: 208-395-2032.





## In this issue:

- 1 HIPAA: The Privacy Rule
- 3 Attention: All PCS Providers
- 5 Select Pre-authorization List
- 7 PRO-West Retrospective Review Request Form

## Regular Features:

- 2 & 3 Phone Numbers, Addresses, and Web Sites
- 4 Information Releases  
MA01-15  
MA01-16  
MA01-17
- 6 Hints & Tips:  
New Standards for Submitting Paper Claims

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# MedicAide

An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid

July 2001

## HIPAA

Health Insurance Portability and Accountability Act

## The Privacy Rule

*In a continuing effort to provide you with as much information as possible, this article is the 7<sup>th</sup> of the HIPAA series.*

During the recent Idaho Health Care Conferences, a number of providers expressed interest in getting more information regarding the Privacy section of the Administrative Simplification rules. The following article was originally published in the **Medicaid HIPAA Plus** newsletter in April 2001 and can be found at <http://www.hcfa.gov/medicaid/hipaa/adminsimpl/hipaapls.htm>.

### The Privacy Rule

The confidentiality of individually identifiable health information is a source of concern and interest to lawmakers, policymakers, and the public at large. It is with this in mind that the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 was recently published in the Federal Register on December 28, 2000. This rule provides the first comprehensive federal protection for the privacy of health information. Under this final rule, Medicaid patients have significant new rights and protections against the misuse or disclosure of their health records.

The regulation has three major purposes: (1) to protect and enhance the rights of consumers by providing them access to their health information and controlling the inappropriate use of that information; (2) to improve the quality of health care in the U.S. by restoring trust in the health care system among consumers, health care professionals, and the multitude of organizations and individuals committed to the delivery of care; and (3) to improve the efficiency and effectiveness of health care delivery by creating a national framework for health privacy protection that builds on efforts by states, health systems, and individual organizations and individuals. Under this final rule, Medicaid patients have significant new rights to understand, and will have more control on how their health information is used.

Congress postponed the Final Rule implementation date until April 14, 2001 from February 26, 2001 due to a delay in receipt of the Rule. Tommy S. Thompson, the new Secretary of Health and Human Services, opened the Final Rule for additional comments at the beginning of March. The comment period recently ended on March 31, 2001 and at this time, it is unclear as to what provisions will remain in the regulation and what will be taken out. The description below provides a summary of the Privacy Rule as published in December. The effective implementation date is still April 14, unless instructions are given to the contrary.

Continued on page 2

## Background

In 1996, Congress passed the Health Insurance Portability and Accountability Act as a step in reforming health care in the United States. Subpart E of this law contained a section on Administrative Simplification that sought to standardize electronic transaction code sets. That section also stated that a rule must be published that to insure the protection of individually identifiable health information, and notify patients of their rights with regard to the protection and disclosure of their health information.

States must ensure compliance from each covered entity within the mandated timeframe issued under HIPAA. Failure to comply may result in monetary penalties and possible delays in Medicaid reimbursement.

Highlights of the new regulation can be found at <http://www.hhs.gov/ocr/>. Information that pertains to Medicaid patients and their health information include:

- Individually identifiable health information can be used or disclosed only by a health plan, provider or clearinghouse solely for purposes of health care treatment, payment, and operations;
- Health care providers who see patients are required to obtain patient consent before sharing their information for treatment, payment, and health care operations;
- Patient authorization for the disclosure of information must meet specific requirements (i.e., signature of individual and date).
- Specific patient consent must be sought and granted for non-routine uses and most non-health care purposes;
- Providers and health plans generally cannot condition treatment on a patient's agreement to disclose information for non-routine uses;
- Providers and health plans are required to give patients a clear written explanation of how they can use, keep and disclose their health information, and patients must be able to see and obtain copies of their records;
- Patients have the right to complain to a member provider or health plan about violations of this rule, or the policies and procedures of the entity in question;
- Health plans, providers and clearinghouses that violate any standard of the Privacy Rule would be subject to civil monetary penalties of \$100 per incident, up to \$25,000 per person, per year, per standard; and
- There would be Federal criminal penalties for health plans, providers, and clearinghouses that knowingly and improperly disclose information, or obtain information under false pretenses.

Continued on page 3

## Phone Numbers

### Addresses

### Web Sites:

## Voice Response System

1-800-685-3757

1-208-383-4310

## EDS

### Correspondence

PO Box 23

Boise, ID 83707

### Provider Enrollment

P.O. Box 23

Boise, Idaho 83707

### Medicaid Claims

PO Box 23

Boise, ID 83707

### PCS and ResHab

### Claims

PO Box 83755

Boise, ID 83707

## EDS Provider Fax

1-208-395-2072

## DHW Websites:

[www2.state.id.us/dhw](http://www2.state.id.us/dhw)

[www.idahohealth.org](http://www.idahohealth.org)

## Healthy Connections

Region I - Coeur d'Alene

1-208-666-6766

1-800-299-6766

Region II - Moscow

1-208-882-3502

1-800-799-5088

Region III - Nampa

1-208-442-2808

1-800-494-4133

Region IV - Boise

1-208-334-4676

1-800-354-2574

Region V - Twin Falls

1-208-736-4793

1-800-897-4929

Region VI - Pocatello

1-208-236-6363

1-800-284-7857

Region VII - Idaho Falls

1-208-525-7115

1-800-919-9945

Spanish Speaking

1-800-862-2147

Statewide

Americana Terrace

P.O. Box 83720

Boise, ID 83720-0036

1-208-334-4930

1-800-378-3385

## HIPAA Information Directory



### Mail: HIPAA Project

ATTN: Becca Ruhl, Communication Coordinator

Idaho Dept of Health & Welfare

PO Box 83720

Boise, ID 83720-0036



### Email: [HIPAA@idhw.state.id.us](mailto:HIPAA@idhw.state.id.us)



### Fax: HIPAA Project

ATTN: Becca Ruhl, Communication Coordinator

208-395-2032



### Internet: [www.idahohealth.org](http://www.idahohealth.org) and click on the HIPAA Quick Link

**Phone Numbers  
Addresses  
Web Sites:**

**Client Assistance Line**

Toll free:  
1-888-239-8463

**Idaho CareLine**

(for Spanish speaking  
clients)  
1-800-926-2588

**EMS Bureau Review Unit**

1-800-362-7648  
1-208-334-2484  
Fax  
1-800-359-2236  
1-208-334-5242

**DME Prior Authorizations**

DME Specialist  
DHW Bureau of Medicaid  
Programs  
PO Box 83720  
Boise, ID 83720-0036  
1-866-205-7403  
Fax  
1-800-352-6044  
(att: DME Specialist)

**Transportation Prior  
Authorization Unit**

1-800-296-0509  
1-208-334-4990  
Fax  
1-800-296-0513  
1-208-334-4979

**Medicaid Provider Fraud  
and Utilization Review**

1-866-635-7515(tollfree)  
1-208-334-2020

**PCG**

P.O. Box 2894  
Boise, ID 83701  
1-800-873-5875  
1-208-375-1132  
Fax: 1-208-375-1134

**PRO-West** (telephonic &  
retrospective reviews)

10700 Meridian Ave. N.  
Suite 100  
Seattle, WA 98133-9075  
1-800-783-9207  
Fax: 1-800-826-3836 or  
1-206-368-2765

**PRO-West Website**

[www.pro-west.org/  
idahomedicaid.htm](http://www.pro-west.org/idahomedicaid.htm)

**HIPAA** The Privacy Rule  
Health Insurance Portability and Accountability Act

Continued from page 2

In the past, health information obtained from Medicaid recipients was protected under the regulations cited in CFR 42, Vol.3, Subpart F, Sections 431-437. This regulation gave strict guidelines regarding the disclosure and use of health information for Medicaid enrollees. Specifically, the law stated that such information could not be used for any purpose other than the direct administration of the Medicaid program as set for in the State plan. Additionally, patients had to be notified of their rights regarding the disclosure of their health information, and information was published and distributed by each State Medicaid Agency.

**Changes In The Current Law**

The Privacy Rule is not intended to work at odds with current Medicaid regulations regarding health data. Instead, the Privacy Rule supplements the regulations by enhancing the rights of the Medicaid beneficiary, in addition to imposing penalties for misuse of the data for any reason not pertaining to the delivery of health services, or the administration of the State plan. Namely, the Privacy Rule adds to the current law in the following ways:

- All Medicaid beneficiaries must be notified of their rights regarding disclosure of their health information, and must be presented with comprehensible written information that describes those rights;
- Medicaid beneficiaries do have the right to choose non-disclosure of their health information without penalty; and
- Severe civil and/or criminal penalties will be assessed to health plans, providers and clearinghouses if such data is used for purposes outside the context of the Privacy Rule and existing Medicaid statutes.

**Medicaid's Role**

In recent months, HCFA has been working closely with the Department of Health and Human Services and the National Committee on Vital and Health Statistics to understand the effect the Privacy Rule would have on State Medicaid programs. HCFA believes that the Privacy Rule will play a vital role in the security and safety of health information for all Medicaid beneficiaries.

States should be prepared to work with health plans, providers and clearinghouses that process individually identifiable Medicaid data. It is vital that these covered entities develop materials to present to beneficiaries that clearly explain the rights each individual has regarding the disclosure of their health information. Additionally, all entities must provide training to their staff regarding the new procedures and designate a privacy officer who will handle all matters regarding the Privacy Rule, including Medicaid data. Finally, States must ensure compliance from each covered entity within the mandated timeframe issued under HIPAA.

Excerpted from the **Medicaid HIPAA Plus Newsletter**, HCFA April 2001  
Submitted by Becca Ruhl, HIPAA Communication Coordinator

**Attention:**

**All Personal Care Services (PCS) Providers**

Due to the calculations needed to determine the new reimbursement rates for dates of service on or after July 1, 2001, it was not possible to include them in this issue of the *Medicaid*. These are being mailed to you in a separate mailing. If you have any questions, please contact your RMU.

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**MEDICAID INFORMATION RELEASE MA01-15****TO: ALL WAIVER AGENCIES AND RESIDENTIAL/ASSISTED LIVING FACILITIES****FROM: PAM MASON, Acting Bureau Chief  
Bureau of Programs and Resource Management****SUBJECT: NEW PAYMENT RATES EFFECTIVE JULY 1, 2001**

Effective **July 1, 2001** Medicaid will change its reimbursement rate for adult day care. Procedure codes 0644P, Adult Day Care, under the Aged and Disabled Waiver, will increase to \$6.00 per hour (\$1.50/15 min.), not to exceed 14 hours per day. Procedure code 0644B, Adult Day Care, under the Developmentally Disabled Waiver, will increase to \$6.00 per hour (\$1.50/15 min.), not to exceed 30 hours per week either alone or in combination with Developmental Therapy.

Thank you for your continued support in the Idaho Medicaid Program.

**MEDICAID INFORMATION RELEASE #MA01-16****TO: HOSPITALS, AMBULATORY SURGICAL CENTERS, PHYSICIANS AND PHYSICIAN ASSISTANTS****FROM: RANDY W. MAY, Deputy Administrator  
Division of Medicaid****SUBJECT: INTESTINAL TRANSPLANTS AND CHANGES TO RETROSPECTIVE REVIEW REQUEST ATTACHMENTS**

Following Medicare's guidelines, intestinal transplants are now covered by Idaho Medicaid, effective April 1, 2001. Pre-authorization review will be performed by PRO-West for ICD-9 code 46.97 and CPT codes 44133, 44135 and 44136. Transplant facilities must be Medicare approved. An updated Select Prior-Authorization List is attached (see page 5).

No later than **August 1, 2001**, the following information must be included with Retrospective Review Requests that are faxed or mailed to PRO-West for telephonic reviews (for reviews of stays less than 15 days):

- UB-92
- History and Physical
- Discharge Summary
- Operative Report (if applicable)

This additional documentation will expedite the review process for your facility. An updated Retrospective Review Request Form is attached (see page 7).

Questions regarding this information release can be directed to the PRO-West Contract Officer, Arlee Copping at (208) 334-5754.

**MEDICAID INFORMATION RELEASE MA01-17****TO: PHYSICIANS, NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS****FROM: RANDY MAY, Deputy Administrator  
Division of Medicaid****SUBJECT: ANNUAL RATE INCREASE**

Effective **July 1, 2001** all Medicaid fees for the above providers will be increased by 3.2% per Idaho Code, Title 1, Chapter 56, Section 136. Providers are reminded that Medicaid payments are limited to your usual and customary charge to the general public or the maximum allowable Medicaid payment whichever is less. June service dates should be billed on a separate line from July service dates, or July services will be paid at the lower rate.

If you have any questions, please call Medicaid Policy at (208) 334-5795.

Thank you for your continued participation in the Idaho Medicaid Program.

**SELECT PRE-AUTHORIZATION LIST OF DIAGNOSES AND PROCEDURES FOR IDAHO MEDICAID  
AND DIVISION OF FAMILY AND COMMUNITY SERVICES CLIENTS  
Revised July 2001**

**PRE-AUTHORIZATION LIST REQUIRING PRO-WEST REVIEW  
1 800-783-9207**

All surgical procedures on this list require pre-authorization for inpatient and outpatient services.

<b><u>Procedure</u></b>	<b><u>ICD-9-CM Code</u> October 2000</b>	<b><u>CPT Code</u> October 2000</b>
Abdominoplasty, Panniculectomy <b>Effective for Dates of Service beginning 6/1/01 and thereafter, reviewed by Department</b>	86.83	15831, 15877
Arthrodesis (Spinal Fusion)	78.59 81.00 through 81.09	22548, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22851, 27280
Cholecystectomy  <b>Effective for Dates of Service beginning 6/1/01 and thereafter, no longer needs pre- admission review</b>	51.22, 51.23	47562, 47563, 47564 47600, 47605, 47610, 47612, 47620
Coronary Bypass  <b>Effective for Dates of Service beginning 6/1/01 and thereafter, no longer needs pre- admission review</b>	36.10 through 36.17 36.19	33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536
Hysterectomy		
Abdominal	68.3, 68.4, 68.6	58180, 59135, 59525
Vaginal	68.51, 68.59	58150, 58152, 58200, 58951, 59135, 59525
Laparoscopic		58210
Radical	68.7	58550, 58260, 58262, 58263, 58267, 58270,
Other and Unspecified	68.9	58275, 58280 58285, 58550
Laminectomy/Discectomy	03.02 03.09 03.1 03.6 80.50 80.51	63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200
Reduction Mammoplasty Unilateral, Bilateral	85.31, 85.32	19318

**NOTE: A post-discharge retrospective chart review will be conducted in addition to the pre-admission review for all reduction mammoplasty. PRO-West will initiate a request to the facility to obtain the medical record for review.**  
Be advised that in most circumstances, Idaho Medicaid does not cover contra-lateral mastectomy and secondary reconstruction procedures.

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Total Hip Replacement	81.51	27130
Revision	81.53	27132, 27134, 27137, 27138
Partial Hip Replacement	81.52	27125

---

Transplants		
Bone Marrow Transplant		
Autologous	41.00, 41.01, 41.04, <b>41.07, 41.09</b> <b>(Effect. 10/1/2000)</b>	38241
Allogenic	41.02, 41.03, 41.05, 41.06, <b>41.08</b> <b>(Effect. 10/1/2000)</b>	38240
Liver Transplant	50.59	47135, 47136
Kidney Transplant	55.61 55.69	50380 50360, 50365
<b>Intestinal Transplant (effect 4/1/01)</b>	<b>46.97</b>	<b>44133, 44135, 44136</b>
Heart Transplant (Note: Transplant facilities must be Medicare approved.)	37.5	33945

---

Alcohol and Drug Rehabilitation and Detoxification <b>Inpatient Only</b>		
Alcohol Rehabilitation	94.61	90899
Alcohol Detoxification	94.62	90899
Alcohol Rehabilitation and Detoxification	94.63	90899
Drug Rehabilitation	94.64	90899
Drug Detoxification	94.65	90899
Drug Rehabilitation and Detoxification	94.66	90899
Combined Alcohol and Drug Rehabilitation	94.67	90899
Combined Alcohol and Drug Detoxification	94.68	90899
Combined Alcohol and Drug Rehabilitation and Detoxification	94.69	90899

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Psychiatric Admissions (Diagnosis Codes)	291.0 through 314.0 <b>(Effective 10/1/2000, includes new diagnosis codes 294.10 and 294.11)</b>
<b>Inpatient Only</b>	

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Physical Rehabilitation Care involving use of rehabilitation procedures	V57 (Diagnosis Code) This includes admission to all rehabilitation facilities, regardless of diagnosis.
<b>Inpatient Only</b>	

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## PRO-West Retrospective Review Request Form — Facility Use Only

Revised July 2001

Date of request Facility  
Facility contact person  
Review requested by Phone number  
Client name ID number  
Admission/discharge dates Physician

### Mark appropriate review category

- ☐ **Retroactive Eligibility Review:** Medicaid client eligibility established **after** date of admission
- ☐ **Late Review:** Medicaid client eligibility established before date of admission
- ☐ **Not Medicaid eligible:** child in custody or guardianship of State of Idaho, Division of Family and Children's Services (FACS)

**Send** the following documentation to the Seattle PRO-West office. Requests that are incomplete or not accompanied by the UB-92 and required reports **will be returned** to the facility.

- For a Medicaid client with a length of stay **less than 15 days** (excluding psychiatric cases under the age of 21) mail or fax: Retrospective Review Request Form, UB-92, history and physical, discharge summary, and operative report (if applicable). Allow five (5) business days for processing before calling to complete the telephonic review.
- For a Medicaid client with a length of stay of **15 days or more** mail: Retrospective Review Request Form, UB-92, and the entire medical record.
- For any admission for a client with a psychiatric diagnosis who is **under the age of 21** mail the Retrospective Review Request Form, UB-92, and the entire medical record.

### Send requests to: PRO-West

Attn: TRS Department  
Idaho Medicaid Retrospective Review  
10700 Meridian Ave. N. Suite #100  
Seattle, WA 98133-9075

Telephonic Reviews:  
1-800-783-9207  
FAX:  
1-800-826-3836

---

### DO NOT WRITE IN THIS SPACE

- ☐ **Approved:** PA Number ☐ Previously reviewed; send claim to EDS.
- ☐ **Denied:** client was not eligible at time of service, you may contact Idaho Medicaid.
- ☐ **Denied:** services provided were not billed within the one-year limitation, you may contact Idaho Medicaid.
- ☐ **Denied:** client has Medicare as primary coverage.
- ☐ **Other** \_\_\_\_\_

For denial inquiries contact: Idaho Department of Health and Welfare, Division of Medicaid, State Operations Unit,  
P.O. Box 83720, Boise, ID 83720-0036  
Attn: Arlee Coppinger (208) 334-5754 Fax: (208) 334-6515

EDS  
P.O. Box 23  
Boise Idaho 83707

PRSRT STD  
U.S. POSTAGE PAID  
BOISE, ID  
PERMIT NO. 220



## Attention: Business Office

### Reminder: New Standards for Submitting Paper Claims

All paper HCFA claims are now electronically scanned. The only permanent record of these claims is the scanned copy. Now, more than ever, it is important for paper claims to be easy to read. Paper claims that cannot be scanned are returned to the provider.

Follow these guidelines when completing any paper claim form:

- ✓ Use an original color claim form.
- ✓ Check your provider handbook and complete only required fields.
- ✓ Be sure to stay within the box for each field. When entering an X in a check-off box, the mark must be centered in the box. When using a typewriter or printer, the form needs to be lined up correctly so that it prints evenly.
- ✓ Use **black** ink to complete the form. Use white-out to cover errors.
- ✓ If completing the form by hand, print neatly. If using a typewriter or printer, use a good ribbon or ink cartridge.
- ✓ Check your provider handbook to see if an attachment is required. If so, include it with the claim form but do **not** staple them together. If not, consider billing electronically.
- ✓ Do not fold the form. Mail it in a flat 9x12 envelope (minimum size).

For more information on scanning and claim processing, see the May 2001 issue of **MedicAide**.

## Hints & Tips

**MedicAide** is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:  
Becca Ruhl, Administrative Assistant  
Division of Medicaid

Cynthia Brandt,  
Publications Coordinator, EDS

If you have any comments or suggestions, please send them to:  
<mailto:medicaide@mmis.state.id.us>  
or

Becca Ruhl, DHW MAS Unit, PO Box  
83720, Boise, ID 83720-0036. Fax:  
208-395-2032.



### In this issue:

- 1 "Every Woman Matters" in Idaho
- 1 HIPAA News Alert
- 2 The HIPAA Coordinating Council
- 3 Idaho Oral Health Summit 2001
- 3 Clarification of Contractual Agreements
- 3 Gastric Bypass Surgery

### Regular Features:

- 2 & 3 Phone Numbers, Addresses, and Web Sites
- 4 Hints & Tips:
  - Scanning of Paper Claims
  - Rebiling a Denied Claim Attachments

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Corporation.

# MedicAide

An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid

August 2001

## "Every Woman Matters" in Idaho

Thanks to new legislation in effect July 1, women diagnosed with breast or cervical cancer through Women's Health Check can now receive assistance for treatment. "Every Woman Matters" is the legislation signed by Gov. Dirk Kempthorne last March, providing Medicaid coverage for women diagnosed with breast or cervical cancer through the state breast and cervical cancer early detection program. Eligible women will have all medical costs covered through Medicaid until cancer treatment is completed and the diagnosing physician releases her.

Only the women enrolled, screened and diagnosed through Women's Health Check are eligible. Individuals not enrolled in Women's Health Check but diagnosed with breast or cervical cancer do not qualify for Medicaid coverage under the "Every Woman Matters" provision.

For thousands of Idaho women who do qualify for the statewide program, Women's Health Check provides a way to obtain lifesaving breast and cervical cancer screening. To be eligible a woman must be:

- age 50-64
- have limited income (200% of the Federal Poverty level)
- have no insurance

If you have a client who is not eligible for Medicaid but may be eligible for Women's Health Check, you can refer her to the Women's Health Check coordinator at the local health district or to Idaho CareLine, 1-800-926-2588.

Idaho is among the first ten states in the nation to pass this legislation and receive approval for its treatment coverage plan.

## HIPAA NEWS ALERT

On July 6, 2001, Health and Human Services (HHS) Secretary Tommy Thompson issued the first of the HIPAA Privacy Compliance Guidelines. The guidelines discuss proposed changes to, interpretation of, and requirements for the "average provider" to implement the rule.

The printed guidelines are 32 pages long. The Department has linked to them through the Internet at [www.idahohealth.org](http://www.idahohealth.org). The Privacy Compliance Guidelines will be the featured article in next month's *MedicAide*.

The Department identified early on that coordination of HIPAA activities would be helpful for everyone. The reasoning for the creation a Statewide Coordinating Council for HIPAA was described in the March *MedicAide*. The Department wasn't the only one to identify the need for coordination of HIPAA information and communication. The Idaho Medical Association (IMA) did so as well.

In April 2001, the IMA brought together a group of stakeholders to begin the job of coordinating HIPAA decisions, information, and communication; thus the formation of the Idaho HIPAA Coordinating Council. As the IMA's group of stakeholders was much the same as those the Department had identified, it was determined that the Department would not pursue sponsoring a Coordinating Council, but would in fact support the IMA's efforts. Ron Hodge of the IMA is the Council Chairman. While participants are still being identified and invited to be part of the Council, organizations currently participating are:

Ada County Medical Society	Idaho Medical Association
Blue Cross of Idaho	Idaho Nurses Association
Boise Area Chamber of Commerce	Idaho Physical Therapy Association
Department of Insurance	Idaho Primary Care Association
Electronic Data Systems	Idaho State Board of Medicine
Hawley, Troxell, Ennis & Hawley Law Offices	Idaho State Dental Association
Idaho Academy of Family Physicians	Idaho State Insurance Fund
Idaho Association of Counties	IMGMA
Idaho Department of Health & Welfare	Industrial Commission
Idaho Health Care Association	Professional Association of Health Care Managers
Idaho Hospital Association	Regence BlueShield of Idaho

Four subcommittees have been formed and two committee chairs have been named. The subcommittees and chairs are:

**HIPAA Transactions and Code Sets** – chair to be named

**Committee for HIPAA Information, Training, & Awareness (CHITA)** – Chair, DeeAnne Moore from the Idaho Department of Health and Welfare

**HIPAA Privacy** – Chair, Kim Stanger from Hawley, Troxell, Ennis & Hawley Law Offices

**HIPAA Security** – chair to be named

These subcommittees have only just recently begun to meet; updates are not available at this time. However, in future issues of the *MedicAide* more information will be made available regarding committee activities.

The Council has adopted [www.idahohealth.org](http://www.idahohealth.org) as their official website. You can get information regarding the Council and other HIPAA information by going to [www.idahohealth.org](http://www.idahohealth.org) and clicking on the HIPAA quick link. The Department is sponsoring the Council's web page in connection with [idahohealth.org](http://idahohealth.org) – look for more information there in the near future. The Council also has an email address – [hipaacc@idhw.state.id.us](mailto:hipaacc@idhw.state.id.us).

### HIPAA Information Directory



**Mail:** HIPAA Project  
ATTN: Becca Ruhl, Communication Coordinator  
Idaho Dept of Health & Welfare  
PO Box 83720  
Boise, ID 83720-0036



**Email:** [HIPAA@idhw.state.id.us](mailto:HIPAA@idhw.state.id.us)



**Fax:** HIPAA Project  
ATTN: Becca Ruhl, Communication Coordinator  
208-395-2032



**Internet:** [www.idahohealth.org](http://www.idahohealth.org) and click on the HIPAA Quick Link

### Phone Numbers Addresses Web Sites:

#### Voice Response System

1-800-685-3757  
1-208-383-4310

#### EDS

**Correspondence**  
PO Box 23  
Boise, ID 83707  
**Provider Enrollment**  
P.O. Box 23  
Boise, Idaho 83707  
**Medicaid Claims**  
PO Box 23  
Boise, ID 83707  
**PCS and ResHab Claims**  
PO Box 83755  
Boise, ID 83707

#### EDS Provider Fax

1-208-395-2072

#### DHW Websites:

[www2.state.id.us/dhw](http://www2.state.id.us/dhw)  
[www.idahohealth.org](http://www.idahohealth.org)

#### Healthy Connections

Region I - Coeur d'Alene  
1-208-666-6766  
1-800-299-6766

Region II - Moscow  
1-208-882-3502  
1-800-799-5088

Region III - Nampa  
1-208-442-2808  
1-800-494-4133

Region IV - Boise  
1-208-334-4676  
1-800-354-2574

Region V - Twin Falls  
1-208-736-4793  
1-800-897-4929

Region VI - Pocatello  
1-208-236-6363  
1-800-284-7857

Region VII - Idaho Falls  
1-208-525-7115  
1-800-919-9945

Spanish Speaking  
1-800-862-2147

Statewide  
Americana Terrace  
P.O. Box 83720  
Boise, ID 83720-0036  
1-208-334-4930  
1-800-378-3385

**Phone Numbers  
Addresses  
Web Sites:**

**Client Assistance Line**

Toll free:  
1-888-239-8463

**Idaho CareLine**

(for Spanish speaking  
clients)  
1-800-926-2588

**EMS Bureau Review Unit**

1-800-362-7648  
1-208-334-2484  
Fax  
1-800-359-2236  
1-208-334-5242

**DME Prior Authorizations**

DME Specialist  
DHW Bureau of Medicaid  
Programs  
PO Box 83720  
Boise, ID 83720-0036  
1-866-205-7403  
Fax  
1-800-352-6044  
(att: DME Specialist)

**Transportation Prior  
Authorization Unit**

1-800-296-0509  
1-208-334-4990  
Fax  
1-800-296-0513  
1-208-334-4979

**Medicaid Provider Fraud  
and Utilization Review**

1-866-635-7515(tollfree)  
1-208-334-2020

**PCG**

P.O. Box 2894  
Boise, ID 83701  
1-800-873-5875  
1-208-375-1132  
Fax: 1-208-375-1134

**PRO-West** (telephonic &  
retrospective reviews)

10700 Meridian Ave. N.  
Suite 100  
Seattle, WA 98133-9075  
1-800-783-9207  
Fax: 1-800-826-3836 or  
1-206-368-2765

**PRO-West Website**

[www.pro-west.org/  
idahomedicaid.htm](http://www.pro-west.org/idahomedicaid.htm)

The Idaho Oral Health Alliance invites you to be part of this milestone event to improve access to dental services for Idaho children and families. Their goal is to create a shared vision for action among public and private stakeholders. The Summit will provide a venue for facilitated collaboration to seek solutions for policy and funding, access to care, and prevention/education.

The Alliance is excited to welcome Dr. Caswell A. Evans, Executive Editor and Project Director for the U.S. Surgeon General's Report, *Oral Health in America*, as its Keynote Speaker. For more information, please call (208) 334-5966.

# IDAHO ORAL HEALTH SUMMIT 2001

**Shaping the Future, Improving Access**

August 24, 2001 - Boise Centre on the Grove

## Clarification of Contractual Agreements

In the June 2001 Medic Aide there was an article that discussed the two different ways to submit claims when there is a contractual agreement with another insurance plan. Both methods are acceptable ways to bill a claim when a contractual agreement is involved, but payment doesn't always come out the same. You should use the method that allows the most benefit.

According to feedback we've received, the first method allows a larger benefit payment in most cases. In the first method, which is called "Contractual Agreement Discount Method" you subtract your contractual agreement amount from your usual and customary charge.

## Attention Hospitals and Physicians:

### Gastric Bypass Surgery

For prior authorization requests for obesity related surgeries, please direct requests with necessary documentation to:

Medicaid

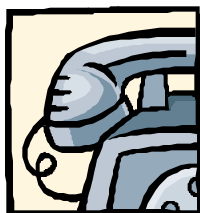
Attention Bonnie – Medical Authorization

PO Box 83720

Boise, ID 83720-0036

Fax 208 364-1811

For continued stay reviews of approved gastric bypass surgeries, call PRO-West at 1-800-783-9207. Penalties for late continued stay reviews of gastric bypass surgery will not be assessed for dates of service June 1 – August 31, 2001. Questions may be directed to Arlee Coppinger, PRO-West Contract Officer, at 1-208 334-5754.



Always use your full nine-digit provider identification number when calling the Voice Response System. The first seven numbers identify the provider and the last two digits designate the service location.

EDS  
P.O. Box 23  
Boise Idaho 83707

PRSRT STD  
U.S. POSTAGE PAID  
BOISE, ID  
PERMIT NO. 220



Attention: Business Office

#### Scanning of Paper Claims

In the May *MedicAide* it was announced that EDS would begin scanning all paper claims for processing. Implementation of this new procedure is still in the testing phase. Until the new system is ready, claims will continue to be processed through data entry. As scanning begins, the HCFA 1500 claim form will be the first implemented with other forms phased in later.

#### Rebiling a Denied Claim

When a claim is denied because it requires an EOB, it is necessary to rebill the claim and include the EOB with the new claim form. Some providers are instead sending in the EOB with an RA. No action can be taken until the claim is rebilled by the provider.

#### Attachments

If a claim cannot be billed electronically because an attachment is required, follow these guidelines:

- Include the entire page of the EOB.
- If a small piece of paper is required such as a prescription or receipt, tape it to an 8 1/2 by 11 inch piece of paper.
- If another patient is listed on the documentation, black out that information.

## Hints & Tips

**MedicAide** is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:  
Becca Ruhl, Administrative Assistant  
Division of Medicaid

Cynthia Brandt,  
Publications Coordinator, EDS

If you have any comments or suggestions, please send them to:  
<mailto:medicaide@mmis.state.id.us>  
or

Becca Ruhl, DHW MAS Unit, PO Box 83720, Boise, ID 83720-0036.  
Fax: 208-395-2032.





# MedicAide

*An informational newsletter for Medicaid Providers*

## In this issue:

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- 2 HIPAA Privacy Guidelines
- 3 ECMS-PC & Online Eligibility - The Thrid Solution
- 3 Medical Fraud Unit Scores Three Convictions
- 4 New Regional Provider Relations Consultants
- 5 How to Complete a HCFA 1500 Claim for Scanning

## Regular Features:

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- 8 Hints & Tips:  
VRS Improvement  
Scanning Mammographies

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Health and Welfare  
State of Idaho

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From the Idaho Department of Health and Welfare, Division of Medicaid **September 2001**

## Small Provider Billing Unit



The Small Provider Billing Unit is up and running. 133 providers are currently enrolled in the program. The purpose of the SPBU is to equip providers with the necessary tools to successfully submit claims and receive reimbursement the **first** time.

To reach this goal, providers receive training in:

- using the Provider Handbook
- determining required vs. optional information on a claim
- using the ECMS PC software to bill claims electronically
- using the Voice Response System (VRS)
- determining client contribution (if necessary)
- submitting adjustments and refunds
- identifying timely filing limitations
- requesting prior authorization and reading the authorization letter
- reading a Remittance Advice (RA), including paid, denied and pending claims as well as financial transactions due to adjustments or refunds
- understanding changes in Idaho Medicaid policy

To qualify for the program, providers must bill fewer than 100 claims a month. Providers work one-on-one with an assigned representative through the three different phases of the one-year program.

### Phase One

Providers submit their claim information directly to an assigned SPBU representative who acts as a billing agent and reviews, corrects, and submits claims for the provider. The representative teaches the provider how to successfully submit claims to Medicaid.

### Phase Two

Providers take learned skills from Phase One and submits claims, electronically or on a paper claim form, directly to the SPBU representative for review. The representative checks for errors before submitting the claims into the claims processing system. Every week the representative and the provider review the provider's weekly remittance and status report. The provider proceeds to Phase Three when he or she achieves a successful payment percentage of 85%.

### Phase Three

Provider submits claims directly into the claims processing system. The representative reviews the claims at least 2 times a month and follows up with the provider on any errors. The provider graduates from the program when he or she achieves a successful payment percentage of 90%.

If you would like more information about the SPBU, contact *EDS* at 1-800-685-3757.

Submitted by: *EDS* SPBU

On July 6<sup>th</sup> Health and Human Services (HHS) issued “the first of several” guidelines for the HIPAA Privacy Rule. The Guidelines are helpful and do answer some of the questions raised after the Rule was issued but not all of them. The Guidelines have a number of sections which have a short summary of a particular standard in the Privacy Rule, followed by an FAQ (Frequently Asked Questions) section, and in some cases identifies where changes or modifications are being worked on. Below are a few of the questions (taken directly out of the guidelines) that are asked and answered:

- ? What does this regulation do?
- ? What does this regulation require the average provider or health plan to do?
- ? Who must comply with these new privacy regulations?
- ? Do you expect to make any changes to this rule before the compliance date?
- ? What changes might you make in the final rule?
- ? Can a pharmacist use PHI (Protected Health Information) to fill a prescription that was telephoned in by a patient’s physician if the patient is a new patient to the pharmacy and has not yet provided written consent to the pharmacy?
- ? Will the consent requirement restrict the ability of providers to consult with other providers about a patient’s condition?
- ? What is the difference between “consent” and “authorization” under the Privacy rule?
- ? Will doctors’ and physicians’ offices be allowed to continue using sign-in sheets in waiting rooms?
- ? If health care providers engage in confidential conversations with other providers or with patients, have they violated the rule if there is a possibility that they could be overheard?

The Guidelines when printed are 32 pages long – hard copies are not available at the time this issue of the *MedicAide* went to press. However, links to the guidelines, press release and one-page fact sheet on the Privacy rule as well as other HIPAA information and links are available at [www.idahohealth.org](http://www.idahohealth.org). Every provider of health related services is encouraged to visit the website and review these Guidelines to determine how you might be affected.

### HIPAA Information Directory



**Mail:** HIPAA Project  
ATTN: Becca Ruhl, Communication Coordinator  
Idaho Dept of Health & Welfare  
PO Box 83720  
Boise, ID 83720-0036



**Email:** [HIPAA@idhw.state.id.us](mailto:HIPAA@idhw.state.id.us)



**Fax:** HIPAA Project  
ATTN: Becca Ruhl, Communication Coordinator  
208-395-2032



**Internet:** [www.idahohealth.org](http://www.idahohealth.org) and click on the HIPAA Quick Link

### Phone Numbers Addresses Web Sites:

#### Voice Response System

1-800-685-3757  
1-208-383-4310

#### EDS

**Correspondence**  
PO Box 23  
Boise, ID 83707  
**Provider Enrollment**  
P.O. Box 23  
Boise, Idaho 83707  
**Medicaid Claims**  
PO Box 23  
Boise, ID 83707  
**PCS and ResHab  
Claims**  
PO Box 83755  
Boise, ID 83707

#### EDS Provider Fax

1-208-395-2072

#### DHW Websites:

[www2.state.id.us/dhw](http://www2.state.id.us/dhw)  
[www.idahohealth.org](http://www.idahohealth.org)

#### Healthy Connections

Region I - Coeur d'Alene  
1-208-666-6766  
1-800-299-6766

Region II - Moscow  
1-208-882-3502  
1-800-799-5088

Region III - Nampa  
1-208-442-2808  
1-800-494-4133

Region IV - Boise  
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Region V - Twin Falls  
1-208-736-4793  
1-800-897-4929

Region VI - Pocatello  
1-208-236-6363  
1-800-284-7857

Region VII - Idaho Falls  
1-208-525-7115  
1-800-919-9945

Spanish Speaking  
1-800-862-2147

Statewide  
Americana Terrace  
P.O. Box 83720  
Boise, ID 83720-0036  
1-208-334-4930  
1-800-378-3385

**Phone Numbers  
Addresses  
Web Sites:**

**Client Assistance Line**

Toll free:  
1-888-239-8463

**Idaho CareLine**

(for Spanish speaking  
clients)  
1-800-926-2588

**EMS Bureau Review Unit**

1-800-362-7648  
1-208-334-2484  
Fax  
1-800-359-2236  
1-208-334-5242

**DME Prior Authorizations**

DME Specialist  
DHW Bureau of Medicaid  
Programs  
PO Box 83720  
Boise, ID 83720-0036  
1-866-205-7403  
Fax  
1-800-352-6044  
(att: DME Specialist)

**Transportation Prior  
Authorization Unit**

1-800-296-0509  
1-208-334-4990  
Fax  
1-800-296-0513  
1-208-334-4979

**Medicaid Provider Fraud  
and Utilization Review**

1-866-635-7515(tollfree)  
1-208-334-2020

**PCG**

P.O. Box 2894  
Boise, ID 83701  
1-800-873-5875  
1-208-375-1132  
Fax: 1-208-375-1134

**PRO-West** (telephonic &  
retrospective reviews)

10700 Meridian Ave. N.  
Suite 100  
Seattle, WA 98133-9075  
1-800-783-9207  
Fax: 1-800-826-3836 or  
1-206-368-2765

**PRO-West Website**

[www.pro-west.org/](http://www.pro-west.org/)  
[idahomedicaid.htm](http://idahomedicaid.htm)

## ECMS-PC & Online Eligibility – The Third Solution

In the past few years, Medicaid and *EDS* have worked to enhance the eligibility verification process for healthcare providers. Point of service and Voice Response System verifications have been developed. These two eligibility tools are excellent to help prevent denials based on other primary insurance. However, there is a third option that also provides excellent and complete eligibility information. It is the ECMS-PC software provided by *EDS* at no charge.

By dialing directly into the Medicaid eligibility system, a provider can “see” extensive information about the client, including any limitation in coverage, Healthy Connection provider and phone number, and the primary insurance’s complete coverage information. ECMS-PC can be used during the visit or periodically during the day in a batch routine. To do this, enter all the Medicaid patients as a group and send the batch request over your modem. The results will be returned within 24 hours.

It is still important that the person receiving the information review all claims that were denied for eligibility. If the patient does not have Medicaid coverage, internal systems need to be established for immediate contact, computer updating, and communication to the appropriate staff on the outcome of all eligibility verification.

Contact the *EDS* provider relations unit at 1-800-685-3757 (in Boise at 383-4310) to arrange for a demonstration or to sign up to use the ECMS-PC software. It is easy, fast, and provides excellent information. Mix and match the three systems (Point of Service, Voice Response, and ECMS-PC) to meet your needs and to ensure accurate billing the first time.

Submitted by the DHW TPR Unit

## Medicaid Fraud Unit Scores Three Convictions

On Feb 20, 2001, **Wendy Ahyou**, of Middleton, pled guilty to two counts of obtaining a controlled substance by fraud, a felony. This was part of a plea bargain to avoid charges of multiple counts of forgery and obtaining a controlled substance by fraud, filed in Ada and Canyon counties. Ahyou is a non-Medicaid client who used the Medicaid cards of eligible clients to obtain prescription medications throughout the Treasure Valley. In a cooperative investigation with the Canyon and Ada County Sheriff’s offices and the Medicaid Fraud Unit, it was found that Ahyou obtained services or medications by taking a Medicaid client’s card, or using their name and purporting herself to be a Medicaid client. She went to doctors’ offices and obtained prescription pads, wrote or called-in a prescription under the Medicaid client’s name, then picked up the narcotic medications from the pharmacy. Ahyou received a suspended sentence of one year fixed and three years indeterminate for a total of four years consecutive with each count. She served 180 days in Ada County Jail and attended a substance abuse program. She was fined \$5000.00, which was also suspended and then placed on probation for five years. Ahyou also paid \$780.26 back to the Medicaid program.

On May 31, 2001, **Stephanie Malone**, of Idaho Falls, pled guilty in Bonneville county of practicing nursing in the state of Idaho without a license. Malone was an R.N. who had her nursing license restricted to a non-practicing license by the Board of Nursing. Malone continued to provide nursing services to Medicaid clients while working for a home health agency, which was paid for by the Medicaid program. Malone was sentenced to pay a \$100.00 fine and 180 days in jail; both were suspended. She is on probation for one year. Malone has been excluded from the Medicaid program for ten years.

**Azauria Caalan**, who was not eligible to receive Medicaid benefits, used the Medicaid card of an eligible client to obtain a total of \$1,364.98 in dental services and prescription drugs. When confronted by the Medicaid Fraud Unit, Caalan admitted to using the Medicaid card and receiving Medicaid benefits she was not entitled to receive. Charges were filed against Caalan by the Bonner County Prosecutor’s Office for fraudulent procurement of public assistance and other unrelated charges. Caalan plead guilty to the charges, agreed to pay restitution to Medicaid, and was sentenced to two years confinement on the unrelated charges.

Submitted by: DHW Fraud and SUR Unit

# New Regional Provider Relations Consultants

Eight *EDS* provider relations consultants (PRC) work with the Department of Health and Welfare to meet the needs of providers in the Idaho Medicaid program. Each region now has a consultant working out of the Department's regional offices in addition to the PRC in the *EDS* business office. The PRCs help new providers become familiar with the Idaho Medicaid program and help existing providers adjust to any changes in DHW policy that affect the way they submit claims. Their goal is to ensure the efficient and accurate processing of claims for services rendered to Medicaid clients.

The PRCs are a human link between a Medicaid provider's service to clients and the computer's processing of claims. They work to increase the providers' knowledge of the Medicaid system and improve their ability to prepare their own claims thereby reducing their number of suspended or denied claims. The PRCs do this through personal contacts, training opportunities, and the development of educational materials.

**Personal Contacts:** Providers occasionally have concerns that require the kind of in-depth research that a provider service representative would not have the opportunity to do. An example would be a series of suspended claims for a particular provider or claim type, or when policy clarifications are needed. The PRC responds to this need through personal contact.

Personal contacts include face-to-face meetings, telephone calls, and written correspondence. Face-to-face meetings can be either at the DHW regional offices throughout the state or at the provider's location.

**Training:** PRCs conduct workshops and educate providers about Medicaid. Training topics include Medicaid policy changes, electronic billing with ECMS-PC software, and specific provider requests. Training events include the regional Health Care Conference, monthly training sessions in the regions, and provider workshops, and one-on-one training at the providers location.

Submitted by: *EDS* Provider Relations

How to Get the Most Out of a Phone Call with EDS	
VRS, PSR, or PCR? Who do I call?	<ul style="list-style-type: none"><li>• Routine questions about eligibility, limitations, codes, etc., can all be addressed to the Voice Response System. Toll-free: 1-800-685-3757, in Boise 383-4310.</li><li>• Questions that cannot be answered by VRS can be routed to the Provider Service Representatives (PSR).</li><li>• Questions that cannot be answered by a PSR will be referred to a regional Provider Relations Consultant.</li></ul>
What do I need before I call?	<ul style="list-style-type: none"><li>• The Internal Control Number (ICN) of the claim</li><li>• Your Medicaid provider number</li><li>• The client's Medicaid identification number (MID)</li><li>• Dates of service</li><li>• The date of the RA</li><li>• The EOB code from the RA telling why the claim pended or denied</li></ul>
How do I fax information?	<ul style="list-style-type: none"><li>• Fax any materials that you think will help explain your question in advance to the PRC.</li><li>• Address faxes to the attention of the PRC.</li></ul>
When should I call a PRC directly?	<ul style="list-style-type: none"><li>• If you have had multiple denials on a claim</li><li>• If you keep having claims deny for the same reason</li><li>• If you are having trouble finding an answer for a claim question</li></ul>

## Provider Relations Consultants

### Region 1

Prudie Teal  
1120 Ironwood Dr., Suite 102  
Coeur d'Alene, ID 83814  
TealP@idhw.state.id.us  
1-208-666-6859  
Fax 1-208-666-6856

### Region 2

Joann Woodland  
1118 F Street  
P.O. Box Drawer B  
Lewiston, ID 83501  
WoodlanJ@idhw.state.id.us  
1-208-799-4350  
Fax 1-208-799-3350

### Region 3

Mary Jeffries  
3402 Franklin  
Caldwell, ID 83605  
JeffrieM@idhw.state.id.us  
1-208-455-7162  
Fax 1-208-454-7625

### Region 4

Jane Hoover  
1720 Westgate Drive, Suite A  
Boise, ID 83704  
HooverJ@idhw.state.id.us  
1-208-334-0842  
Fax 1-208-334-0828

### Region 5

Penny Schell  
2241 Overland Avenue  
Burley ID 83318  
SchellP@idhw.state.id.us  
1-208-677-4002  
Fax 1-208-678-1263

### Region 6

Sheila Lux  
1070 Hiline Road  
Pocatello, ID 83201  
LuxS@idhw.state.id.us  
1-208-235-2943  
Fax 1-208-235-2969

### Region 7

Bobbi Woodhouse  
2475 Leslie Avenue  
Idaho Falls, ID 83402  
WoodhouB@idhw.state.id.us  
1-208-525-7223  
Fax 1-208-525-7176

### EDS Central Office

Janice Gillett  
P.O.Box 23  
Boise, ID 83706  
1-800-685-3757  
Fax 1-208-395-2072



11. Do not fold the form. Mail it in a flat 9x12 envelope (minimum size).

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## MEDICAID INFORMATION RELEASE MA01-19

**TO:** ALL HOSPITALS and PHYSICIANS  
**FROM:** PAUL SWATSENBARG, Deputy Administrator  
Division of Medicaid

**SUBJECT:** PROCEDURE FOR *LOCUM TENENS* AND RECIPROCAL BILLING

Effective **August 1, 2001**, Medicaid will allow for Physician's to bill for *Locum Tenens* and Reciprocal billing arrangements using the following guidelines:

**Definition:**

***Locum Tenens/Reciprocal billing.*** The practice for physicians to retain substitute physicians to take over their professional practices when the regular physicians are absent for reasons such as: illness, pregnancy, vacation, or continuing medical education, and for the regular physician to bill and receive payment for the substitute physician's services as though he/she performed them. These substitute physicians are generally called "*locum tenens*" physicians.

***Locum Tenens*** occurs when the substitute physician covers the regular physician during absences not to exceed a period of 90 continuous days.

***Reciprocal Billing*** occurs when substitute physicians cover the regular physician during absences and or on an on-call basis not to exceed a period of 14 continuous days.

**Procedure For *Locum Tenens* and Reciprocal Billing Claims.**

In reimbursement for *Locum Tenens/Reciprocal Billing* the patient's regular physician may submit the claim and receive payment for covered Medicaid services (including emergency visits and related services) provided by a locum tenens physician who is not an employee of the regular physician. Services for patients are not restricted to the regular physician's office. Services are reimbursable if:

1. The regular physician is unavailable to provide the services.
2. The Medicaid patient has arranged or seeks to receive services from the regular physician.
3. The regular physician pays the *locum tenens* for his/her services on a per diem or similar fee-for-time basis.
4. The substitute physician does not provide the services to Medicaid patients over a continuous period of longer than 90 days for Locum Tenens and over a continuous period of 14 days for Reciprocal Billing.
5. The regular physician identifies the services as substitute physician services meeting the requirements of this section by appending the appropriate modifier:  
**Q6** (service furnished by a locum tenens physician) to the end of the procedure code,  
**Q5** (service furnished by a substitute physician under a reciprocal billing arrangement) to the end of the procedure code.
6. The regular physician must keep on file a record of each service provided by the substitute physician, associated with the substitute physician's UPIN, and make this record available to the Department upon request.
7. If the only substitution services a physician performs in connection with an operation are post-operative services furnished during the period covered by the global fee, those services should not be reported separately on the claim as substitution services.
8. A physician may have locum tenens/reciprocal billing arrangements with more than one physician. The arrangements need not be in writing.

Questions regarding this Information Release should be directed to Esther Ussing, R.N. at (208) 364-1835 or (208) 334-5795. Thank you for your continued participation in the Idaho Medicaid Program.



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**MEDICAID INFORMATION RELEASE #MA01-20**

**TO: ALL ADMINISTRATORS OF COMMUNITY PRIVATE ICFs/MR AND IDAHO STATE SCHOOL AND HOSPITAL**

**FROM: JOSEPH R. BRUNSON, Division Administrator**

**SUBJECT: GUIDELINES ON REPORTING AND TESTING DAY TREATMENT SERVICES PERFORMED FOR PARTICIPANTS IN A LICENSED DEVELOPMENTAL DISABILITY CENTER**

The Department has revised the guidelines for reporting and testing day treatment services performed for participants in a licensed developmental disability center.

IDAPA 16.03.10.246.01.c states "When ICF/MR day treatment services are performed for patients in a licensed Developmental Disability Center, the allowable cost of such services shall be included in this category, but not more than the amount that would be paid according to the Department's fee schedule for individual or group therapy for similar services." Amounts incurred or paid by the ICF/MR in excess of what would be paid according to the Department's fee schedule for like services are not allowable costs and shall be reported as nonreimbursable."

For cost reports ending on **July 1, 2001** and after, the "Department's fee schedule" mentioned above has been revised to five categories of therapy. The categories and procedure codes are as follows:

1. Developmental Therapy Individual – Center (8245A)
2. Developmental Therapy Group – Center (8250A)
3. Developmental Therapy Individual – Home/Community (8247A)
4. Developmental Therapy, Group of 2 – Home/Community (8248A)
5. Developmental Therapy, Group of 3 – Home/Community (8249A)

The applicable rates for each category will be the most recent rates published by Myers & Stauffer on behalf of the Department for affected providers.

**The ICF/MR cost reporting form has been revised to allow the ICF/MR provider to report the five categories of therapy for which the ICF/MR provider is billed by a developmental disability center.** The provider must record and report the total hours in each category by month on the revised cost reporting form. Myers & Stauffer will provide a copy of this form in a separate mailing.

Please direct any questions regarding this Information Release to Brett Ogata with Myers & Stauffer at (208) 378-1400 or 1-800-336-7721.

Thank you for your continued participation in Idaho Medicaid Program.

**MEDICAID INFORMATION RELEASE #MA01-21**

**TO: COMMERCIAL TRANSPORTATION PROVIDERS**

**FROM: JOSEPH R. BRUNSON, DIVISION ADMINISTRATOR**

**SUBJECT: COMMERCIAL TRANSPORTATION REIMBURSEMENT RATES**

In 1999, the Idaho State Legislature mandated the Division of Medicaid to hold all non-emergent transportation rates to the previous fiscal year. The Division of Medicaid will continue to hold commercial transportation rates to the April 2000 fee schedule on file with the Medicaid Transportation Unit.

The Medicaid Transportation Workgroup, which includes participating commercial providers, is in the process of determining a reasonable reimbursement methodology for non-emergent transportation providers in Idaho.

If you have any questions, please contact Arla Farmer at (208) 364-1958 or Lloyd Forbes at (208) 334-5795. Thank you for your continued participation in the Idaho Medicaid Program.

**EDS**  
**P.O. Box 23**  
**Boise Idaho 83707**

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E

**Attention: Business Office**

Hints  
& Tips

#### **Voice Response System Improvement**

Providers may now call VRS to check if a procedure code is covered and if PA is needed for it.

#### **Screening Mammographies**

Procedure code 76092 is used for screening mammography for clients age **40 and older**. If this code is used for clients under 40, the claim will be denied.

When a physician has determined medical necessity for mammography for a client **under 40**, the codes 76090 (unilateral) and 76091 (bilateral) should be used.

**MedicAide** is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:  
Becca Ruhl, Administrative  
Assistant  
Division of Medicaid

Cynthia Brandt,  
Publications Coordinator, EDS

If you have any comments or  
suggestions, please send them to:  
mailto:medicaide@mmis.state.id.us  
or

Becca Ruhl, DHW MAS Unit, PO  
Box 83720, Boise, ID 83720-0036.  
Fax: 208-395-2032.



# MedicAide

An informational newsletter for Medicaid Providers

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- 2 HIPAA: Why Does Publishing the Final HIPAA Rules Take So Long?
- 3 Pharmacy Providers
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From the Idaho Department of Health and Welfare, Division of Medicaid

October 2001

## Submitting Claims After the One Year Deadline

When the date on a claim exceeds the timely filing limit (one year from the date of service), Medicaid may deny the claim unless an exception is documented by an attachment or notation on the claim.

- ◆ For a claim filed with another insurance carrier, submit the claim within one year from the date the other insurance paid or denied the claim. Attach a copy of the insurance documentation and submit the claim on paper.
- ◆ If the claim was previously submitted to EDS, but returned unprocessed, resubmit the claim within one year from the date on the EDS correspondence. Attach a copy of the EDS correspondence and submit the claim on paper.
- ◆ If the claim appears as denied on the RA, indicate the last 15-digit Internal Control Number (ICN) assigned to that claim. Enter the ICN in the remarks field of the paper claim form. The ICN can be indicated in the narrative field when billing electronically except for pharmacy providers. Pharmacy providers must submit a paper claim.
- ◆ If a client's eligibility is retroactive, submit the claim within one year from the date the eligibility was added to the file. Note "retroactive eligibility" in the remarks field of the paper claim form. This information can also be entered in the narrative field when billing electronically except for pharmacy providers. Pharmacy providers must submit a paper claim.
- ◆ For a claim previously denied by Medicare, submit the claim within one-year from the Medicare denial date. Attach a copy of the Medicare documentation and submit the claim on paper.
- ◆ Submit all Medicare crossover claims within one year of the Medicare paid date. Attach a copy of the Medicare documentation and submit the claim on paper.

Continued on page 4

## Contractual Adjustments

The Department is currently reviewing the process for contractual adjustments. Until further notice, it is not necessary to enter the contractual adjustment amount on claims. Enter only the amount paid by third party insurance.

This is the 10th article in the HIPAA series.

Reprinted with permission from *HIPAA NOTE*  
dated July 19, 2001 by Phoenix Health Systems

Many HIPAA watchers are waiting impatiently for the final rules on Security and Identifiers - due out before the end of 2001. The proposed rules (NPRM) were published in 1998. What's taking so long?

HIPAA became law in 1996. DHHS optimistically expected that most of the HIPAA Administrative Simplification mandates would be in effect by 1998. But there have been many delays in publishing the final regulations.

Why? The Federal government's regulatory approval process is normally complex, requiring review and approval by many government agencies before publication. But in the case of HIPAA - a highly controversial law - converting NPRMs into final rules has been exacerbated by DHHS' time-consuming efforts to listen to and consult with industry groups regarding what should be in the rules. These efforts are required by HIPAA.

In addition to holding dozens of public hearings to discuss the rules with industry representatives, DHHS is required to provide the public ample opportunity to comment once a proposed rule is published. For some of the HIPAA NPRMs, public interest has been so great that written comments mounted into the tens of thousands, creating months of delay while DHHS reviewed and analyzed them.

For example, DHHS considered over 17,000 comments before finalizing the Electronic Transactions rule in August, 2000. The second final rule - Privacy - became effective in April, 2001 - but only after over 75,000 comments were reviewed and considered!

Below is the tentative schedule for the rules:

Notice of Proposed Rule Making (NPRM) Already Published:			
Standard	NPRM Published	Expected Final Rule Publication	Expected Date Compliance Required
Transactions and Code Sets	5/07/1998	Published 8/17/2000	10/16/2002
National Provider Identifier	5/07/1998	12/2001	
National Employer Identifier	6/16/1998	12/2001	
Security	8/12/1998	12/2001	
Privacy	11/3/1999	Published 12/28/00	4/14/2003

## HIPAA Information Directory



**Mail:** HIPAA Project  
ATTN: Becca Ruhl, Communication Coordinator  
Idaho Dept of Health & Welfare  
PO Box 83720  
Boise, ID 83720-0036



**Email:** [HIPAA@idhw.state.id.us](mailto:HIPAA@idhw.state.id.us)



**Fax:** HIPAA Project  
ATTN: Becca Ruhl, Communication Coordinator  
208-395-2032



**Internet:** [www.idahohealth.org](http://www.idahohealth.org) and click on the HIPAA Quick Link

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### Voice Response System

1-800-685-3757  
1-208-383-4310

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PO Box 23  
Boise, ID 83707  
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P.O. Box 23  
Boise, Idaho 83707  
**Medicaid Claims**  
PO Box 23  
Boise, ID 83707  
**PCS and ResHab Claims**  
PO Box 83755  
Boise, ID 83707

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1-208-395-2072

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1-800-494-4133

Region IV - Boise  
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1-800-354-2574

Region V - Twin Falls  
1-208-736-4793  
1-800-897-4929

Region VI - Pocatello  
1-208-236-6363  
1-800-284-7857

Region VII - Idaho Falls  
1-208-525-7115  
1-800-919-9945

Spanish Speaking  
1-800-862-2147

Statewide  
Americana Terrace  
P.O. Box 83720  
Boise, ID 83720-0036  
1-208-334-4930  
1-800-378-3385

**Phone Numbers  
Addresses  
Web Sites:**

**Client Assistance Line**

Toll free:  
1-888-239-8463

**Idaho CareLine**

(for Spanish speaking  
clients)  
1-800-926-2588

**EMS Bureau Review Unit**

1-800-362-7648  
1-208-334-2484  
Fax  
1-800-359-2236  
1-208-334-5242

**DME Prior Authorizations**

DME Specialist  
DHW Bureau of Medicaid  
Programs  
PO Box 83720  
Boise, ID 83720-0036  
1-866-205-7403  
Fax  
1-800-352-6044  
(att: DME Specialist)

**Transportation Prior  
Authorization Unit**

1-800-296-0509  
1-208-334-4990  
Fax  
1-800-296-0513  
1-208-334-4979

**Medicaid Provider Fraud  
and Utilization Review**

1-866-635-7515(tollfree)  
1-208-334-2020

**PCG**

P.O. Box 2894  
Boise, ID 83701  
1-800-873-5875  
1-208-375-1132  
Fax: 1-208-375-1134

**PRO-West** (telephonic &  
retrospective reviews)  
10700 Meridian Ave. N.  
Suite 100  
Seattle, WA 98133-9075  
1-800-783-9207  
Fax: 1-800-826-3836 or  
1-206-368-2765

**PRO-West Website**

www.pro-west.org/  
idahomedicaid.htm

## Pharmacy Providers

Medicaid coverage for prenatal vitamins is limited to pregnant and lactating women. Brand name prenatal vitamins require prior authorization. In addition, up to 100 doses of medication may be supplied, not to exceed 100 days supply, for:

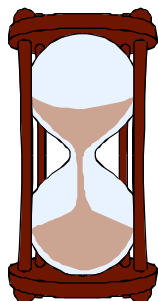
- ◆ Prenatal vitamins
- ◆ Thyroid replacement hormones
- ◆ Cardiac glycosides
- ◆ Nitroglycerin products, oral or sublingual
- ◆ Fluoride and vitamin/fluoride combination products
- ◆ Nonlegend oral iron salts

Recent additions to the Brand Name Prior Authorization list include:

- ◆ Hydrocortisone 2.5% lotion
- ◆ Lodine XL
- ◆ Micronor (alternative is Nor-QD)
- ◆ Norco
- ◆ Pepcid
- ◆ Prolastin
- ◆ Prozac Weekly
- ◆ Thorazine

Submitted by Medicaid Policy

## Late Claims - continued from page 1



On a post-audit review, if claims are found to have been inappropriately paid, the claims are subject to recoupment. It is vital to maintain appropriate documentation for any claims paid beyond the original one year billing limit.

If you have claims that are older than one year and you have reason to believe special circumstance apply, please send your claim, supporting documentation, and a letter explaining why to:

Idaho Department of Health & Welfare  
Bureau of Medicaid Automated Systems  
PO Box 83720  
Boise ID 83720-0036

Submitted by the MAS Unit

Claim Processing Timeline	
<b>Original Claims</b>	One year from date of service to submit claim.
<b>Denials</b>	One year from denial to resubmit claim. (Indicate ICN # on claim. Attach RA.)
<b>Other Insurance</b>	One year from date of other payment or denial. (Attach other insurance documentation.)
<b>Claim Returned Unprocessed</b>	One year from date on EDS correspondence to resubmit. (Attach copy of correspondence.)
<b>Retroactive Eligibility</b>	One year from date eligibility was added to the MMIS. (Indicate "retroactive eligibility" on the claim.)
<b>Denied Medicare Billing</b>	One year from denial date to submit claim for Medicaid payment. (Attach Medicare denial to claim.)
<b>Medicare Crossovers</b>	One year from Medicare paid date to submit claim. (Attach Medicare documentation.)

## MEDICAID INFORMATION RELEASE #MA01-22

**TO: MENTAL HEALTH CLINIC PROVIDERS  
REHABILITATION OPTION FOR MENTAL HEALTH  
SERVICES PROVIDERS**

**FROM: PAUL SWATSENBARG**, Deputy Administrator  
Division of Medicaid

**SUBJECT: TEMPORARY RULES**

Temporary rules have been instituted effective **July 1, 2001** to include Licensed Marriage and Family Therapists as a reimbursable Medicaid provider in a Mental Health Clinic, and Rehabilitation Option for Mental Health Services agency.

In addition, the Department also clarified the Mental Health Clinic rules on chemotherapy consultations. The rules were clarified by adding, "other practitioners of the healing arts within the scope of practice defined in their license." This allows nurse practitioners and clinical nurse specialists with licensure authority to provide medication consultation in a Mental Health Clinic.

The changes are identified in Docket No. 16-0309-0114 for Mental Health Clinics and Docket No. 16-0309-0111 for the Mental Health Rehab Option.

A copy of the rules maybe obtained by contacting the Administrative Procedures Section at (208) 334-5564 or via the Internet at [www2.state.id.us/adm/adminrules/](http://www2.state.id.us/adm/adminrules/). These are IDAPA 16 – Department of Health and Welfare 16.03.09 – Rules Governing Medical Assistance, Docket No. 16-0309-0111 and 16-0309-0114.

If you have questions contact Jack Weinberg at (208) 334-5795. Thank you for your continued participation in Idaho Medicaid.

## CORRECTION OF MEDICAID INFORMATION RELEASE MA01-11

In the May 2001 newsletter, providers received Medicaid Information Release MA01-11 that said for billing wound debridement both HCPC code G0169 and CPT code 97601 could be billed until May 31, 2001. This information was inaccurate.

HCPC code G0169 must be used for claims with dates of service **up to** May 31, 2001. Claims with dates of service **after** June 1, 2001 must bill using CPT code 97601.

### Provider Relations Consultants

#### Region 1

Prudie Teal  
1120 Ironwood Dr., Suite 102  
Coeur d'Alene, ID 83814

TealP@idhw.state.id.us  
1-208-666-6859  
Fax 1-208-666-6856

#### Region 2

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1118 F Street  
P.O. Box Drawer B  
Lewiston, ID 83501

WoodlanJ@idhw.state.id.us  
1-208-799-4350  
Fax 1-208-799-3350

#### Region 3

Mary Jeffries  
3402 Franklin  
Caldwell, ID 83605

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Fax 1-208-454-7625

#### Region 4

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1720 Westgate Drive, Suite A  
Boise, ID 83704

HooverJ@idhw.state.id.us  
1-208-334-0842  
Fax 1-208-334-0828

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2241 Overland Avenue  
Burley ID 83318

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Fax 1-208-678-1263

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1070 Hilina Road  
Pocatello, ID 83201

LuxS@idhw.state.id.us  
1-208-235-2943  
Fax 1-208-235-2969

#### Region 7

Bobbi Woodhouse  
2475 Leslie Avenue  
Idaho Falls, ID 83402

WoodhouB@idhw.state.id.us  
1-208-525-7223  
Fax 1-208-525-7176

#### EDS Central Office

Janice Gillett  
P.O.Box 23  
Boise, ID 83706

1-800-685-3757  
Fax 1-208-395-2072



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**MEDICAID INFORMATION RELEASE # MA01-23**

**TO: DURABLE MEDICAL EQUIPMENT (DME) VENDORS**  
**FROM: PAUL SWATSENBARG, Deputy Administrator**

**SUBJECT: CHANGES IN DME RULES AND STATE ONLY CODES**

Effective **November 1, 2001**, the following State-only codes will be deleted. National codes to use in place of State-only codes are provided below.

**State Only HCPCS Codes to delete/crosswalk**

State Only	Description	National HCPCS Code Crosswalk	Price
0170E	Breast Pump, monthly	E0602	\$395.34
0192E	Growth & Positioning System Wheelchair	K0108 – Must be prior authorized.	Manually priced – Please include description and invoice/MSRP documentation with claim.
0351E	Toilet Rails, pair	E0243 (each)	\$42.91 each
6772S	Enteral Supplies, NOC	B9998	Manually priced – Please include description and invoice/MSRP documentation with claim.
6628S	Parental Supplies, NOC	B9999	Manually priced – Please include description and invoice/MSRP documentation with claim.

**Codes to be deleted without crosswalk, effective November 1, 2001**

6780R	Underpads, full bed size, diaper service
6781R	Liner for mesh pant, diaper service
6782R	Mesh pant, diaper service
6783R	Full briefs X-lg, XX lg, diaper service
6784R	Full briefs Sm-Lg, diaper service
6785R	Active briefs, all sizes, diaper service
9770T	Wheelchair evaluation by DME vendor (included in purchase price of new wheelchair) – Medicaid will no longer cover this code.
9771T	Wheelchair evaluation, motorized wheelchair (included in purchase price) – Medicaid will no longer cover this code.
9772T	Wheelchair custom seating system evaluation (included in purchase price) – Medicaid will no longer cover this code.

The proposed DME Rule will be published in the October issue of the Administrative Bulletin.

Remember to submit all medical necessity documentation when submitting a request. Refer to the DMERC Supplier Manual or the Medical Vendor Handbook for coverage criteria in order to determine what documentation to submit. Labor on a new wheelchairs is included in the allowable amount. Pricing methodology on those codes that are manually priced is 75% of MSRP or cost +10%. Those codes now include miscellaneous supply codes, such as A4649.

If you have questions regarding this Information Release, please contact a DME Specialist at 1-866-205-7403.

Thank you for your continued participation in the Idaho Medicaid Program.

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**MEDICAID INFORMATION RELEASE #MA01-24**

**TO: HOSPITAL AND PHYSICIAN PROVIDERS**  
**FROM: PAUL SWATSENBARG,** Deputy Administrator  
Division of Medicaid

**SUBJECT: POSITRON EMISSION TOMOGRAPHY (PET) SCANS**

Effective October 1, 2001, Idaho Medicaid will adopt specific sections of coverage criteria that have been established by Cigna Medicare in regards to Positron Emission Tomography Scans (PET Scans). As of October 1, 2001, Idaho Medicaid will now review the following tests for Prior Authorization:

- Solitary Pulmonary Nodule
- Non-Small Cell Lung Cancer
- Colorectal or Colorectal Metastatic Cancer
- Lymphoma
- Melanoma or Metastatic Melanoma
- Head and Neck Cancers (excluding CNS and Thyroid)
- Esophageal Cancer

The following corresponding G-codes will be considered covered codes as of October 01, 2001:

<b>G0125</b>	<b>G0216</b>
<b>G0210</b>	<b>G0217</b>
<b>G0211</b>	<b>G0218</b>
<b>G0212</b>	<b>G0219</b>
<b>G0213</b>	<b>G0220</b>
<b>G0214</b>	<b>G0221</b>
<b>G0215</b>	<b>G0222</b>

A Prior Authorization Request form is included with this information release. Please submit all Prior Authorization requests to the Idaho Medicaid Medical Director for review. For billing purposes, Idaho Medicaid will require providers to utilize the HCPCS G-codes that have been created by Medicare for the purpose of the billing of PET Scans. Hospitals will need to use Revenue Code 404 with the appropriate G-code attached.

At this time, Idaho Medicaid will not cover PET Scans for myocardial viability, breast/ovarian cancer, refractory seizures or other neurological disorders.

For questions regarding Prior Authorization, please contact Esther Ussing at (208) 364-1835. For coverage issues pertaining to PET Scans, please contact Colleen Osborn at (208) 364-1923.

See page 6 for a copy of the PET Scan Prior Authorization Request form. This form may be duplicated for use.

**PET Scan Prior Authorization Request**  
**Department of Health & Welfare**  
**Division of Medicaid**  
**Attention: Medical Director**  
**Fax: (208) 364-1811**  
**Phone: (208) 364-1835**

Date: \_\_\_\_\_

Client Medicaid ID Number: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

\*Previous CT Scan Result: \_\_\_\_\_

\*Previous MRI Result: \_\_\_\_\_

Type of Requested Scan and  
Appropriate HCPCS Billing Code: \_\_\_\_\_

Requested Date-of-Service: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

\*Healthy Connections Physician: \_\_\_\_\_

Request Completed by: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Medicaid Provider #: \_\_\_\_\_

Approved/Denied by: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Authorization: \_\_\_\_\_

Prior Authorization #: \_\_\_\_\_

Additional Comments:

\*If Applicable

**EDS**  
P.O. Box 23  
Boise Idaho 83707

PRSRT STD  
U.S. POSTAGE PAID  
BOISE, ID  
PERMIT NO. 220



**Attention: Business Office**

Hints  
& Tips

#### **Scanning Requirements - Color Form Is Required**

EDS now uses Intelligent Character Recognition (ICR) equipment to process paper claim forms. Because of this, the HCFA 1500 and UB-92 claim forms must be submitted on original color forms.

The red ink used to print the HCFA 1500 and UB-92 is an exact color, Sinclair Valentine J6983, OCR Red or Equal. It cannot be duplicated by a color PC printer.

For more information on scanning requirements, see the May, July, and September 2001 issues of the *MedicAide* newsletter.

#### **Faxes**

Providers are reminded that EDS **does not accept** faxed claims or adjustment requests.

**MedicAide** is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:  
Becca Ruhl, Administrative  
Assistant

Division of Medicaid

Cynthia Brandt,  
Publications Coordinator, EDS

If you have any comments or  
suggestions, please send them to:

mailto:medicaide@mmis.state.id.us

or

Becca Ruhl, DHW MAS Unit, PO  
Box 83720, Boise, ID 83720-0036.

Fax: 208-395-2032.



# MedicAide

An informational newsletter for Medicaid Providers

## In this issue:

- 1 Medicaid Buy-in for Workers with Disabilities
- 1 November Closures
- 2 HIPAA: Principles to Guide Information Practices
- 3 Recent Information Releases
- 4 Submitting Paper Claims
- 5 HIPAA 101
- 7 Attention Hospital Utilization Review Departments and Physicians
- 7 Attention Pharmacy Providers
- 7 EOBs Explained: 704 - other insurance

## Regular Features:

- 2, 3 & 4 Phone Numbers, Addresses, and Web Sites
- 8 Hints & Tips:  
How to prepare attachments

Distributed by the  
Division of Medicaid  
Department of  
Health and Welfare  
State of Idaho

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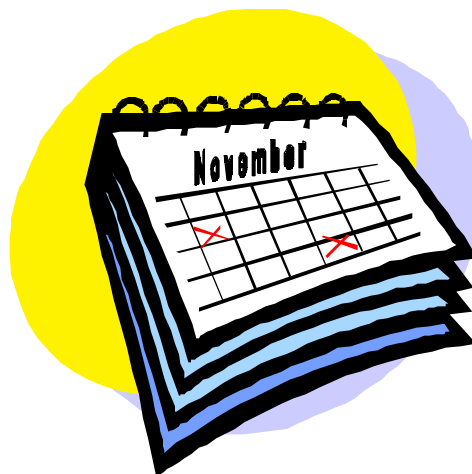
From the Idaho Department of Health and Welfare, Division of Medicaid **November 2001**

## Medicaid Buy-in for Workers with Disabilities

Under current Medicaid policy, individuals with disabilities lose their Medicaid benefits upon exceeding certain income limits. That means that Idahoans with disabilities often have to choose between a job and healthcare. Consequently, many people with disabilities do not attempt to enter the work force, or when working are forced to limit the number of hours or decline pay advancements to maintain Medicaid eligibility.

Medicaid Buy-in for Workers with Disabilities will enable eligible individuals to be employed and to "buy-in" to Medicaid. The Division of Medicaid is currently working with internal and external stakeholders to prepare recommendations for program policy including eligibility criteria and a sliding scale premium structure. The recommendations will be presented to Director of the Department of Health and Welfare. With his approval they will be presented to the 2002 Legislature. This program is critical for people with disabilities who have a difficult time finding affordable, comprehensive health care coverage in the private market.

To obtain additional and upcoming information, please visit the web site at [www.idahohealth.org](http://www.idahohealth.org) and link to Medicaid Buy-in for Workers with Disabilities (Ticket-to-Work). You may also get on the program's mailing list by contacting Eileen Wardle, Project Manager, at 208-364-1890.



## November Closures

The Department of Health and Welfare offices will be closed in November for the following State holidays:

Veteran's Day observed November 12

Thanksgiving observed November 22

A reminder that the Voice Response System is available on State holidays at:

1-800-685-3757 (toll free)

1-208-383-4310 (Boise local)

This is the 11th article in the HIPAA series.

Adapted from a presentation by Beth Givens of the Privacy Rights Clearing House

Submitted Gary Payne  
IDHW HIPAA Privacy Project Manager

In response to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), both public and private health care organizations are preparing their business for greater standardization and electronic exchange of health care information. While the technical challenge is large, equally as great is the need for health care organizations to adopt policies and practices that will protect that information as part of the privacy requirements of HIPAA.

The need to protect the privacy and assure the accuracy of health care information is not new to health care providers. The practice of medicine is based upon the need to keep private information obtained in the course of treatment. What is new is the growing recognition that we have special responsibilities to protect and assure the accuracy of electronically stored health care information. Our responsibilities are at least as great to protect all of the records in a database as they are to assure the security of any one patient's information.

The responsibility to protect information in data systems has given rise to the following proposed principles for the protection of electronically stored medical information. These principles were identified by Beth Givens of the Privacy Rights ClearingHouse and convey the general flavor of the new issues that are being addressed by the HIPAA requirements.

The first principle for responsible oversight of an automated medical record system is **openness** about the fact that there is information about us stored in an electronic format. Such openness would include who else might gain access to the information and how we might limit that access if we desired to do so. A second principle, related to the first, is our own ability to **access** that information. This allows us to inspect information stored about us. The first two principles will make access to our electronic record a normal and expected part of health care.

Third, is the principle of **accuracy**, the ability for each of us to amend and/or correct our own electronic records. Information in records comes from many different sources and may contain errors and misleading information. This can be especially true if databases have been merged. We need to periodically review information to assure that it is correct.

Fourth, is the principle of **limiting collection**. And the related fifth principle of **limiting use, disclosure and retention**. When sharing information, there is a temptation to disseminate more information than is necessary for the matter at hand. Even though basic information would suffice, often more is provided because it might be useful in some circumstances.

Continued on next page

### HIPAA Information Directory



**Mail:** HIPAA Project  
ATTN: Becca Ruhl, Communication Coordinator  
Idaho Dept of Health & Welfare  
PO Box 83720  
Boise, ID 83720-0036



**Email:** HIPAA@idhw.state.id.us



**Fax:** HIPAA Project  
ATTN: Becca Ruhl, Communication Coordinator  
208-395-2032



**Internet:** www.idahohealth.org and click on the HIPAA Quick Link

### Phone Numbers Addresses Web Sites:

#### Voice Response System

1-800-685-3757  
1-208-383-4310

#### EDS

**Correspondence**  
PO Box 23  
Boise, ID 83707  
**Provider Enrollment**  
P.O. Box 23  
Boise, Idaho 83707  
**Medicaid Claims**  
PO Box 23  
Boise, ID 83707  
**PCS and ResHab Claims**  
PO Box 83755  
Boise, ID 83707

#### EDS Provider Fax

1-208-395-2072

#### DHW Websites:

www2.state.id.us/dhw  
www.idahohealth.org

#### Healthy Connections

Region I - Coeur d'Alene  
1-208-666-6766  
1-800-299-6766

Region II - Moscow  
1-208-882-3502  
1-800-799-5088

Region III - Nampa  
1-208-442-2808  
1-800-494-4133

Region IV - Boise  
1-208-334-4676  
1-800-354-2574

Region V - Twin Falls  
1-208-736-4793  
1-800-897-4929

Region VI - Pocatello  
1-208-236-6363  
1-800-284-7857

Region VII - Idaho Falls  
1-208-525-7115  
1-800-919-9945

Spanish Speaking  
1-800-862-2147

Statewide  
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Boise, ID 83720-0036  
1-208-334-4930  
1-800-378-3385



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1-208-334-2484  
Fax  
1-800-359-2236  
1-208-334-5242

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Boise, ID 83720-0036  
1-866-205-7403  
Fax  
1-800-352-6044  
(att: DME Specialist)

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1-208-334-4990  
Fax  
1-800-296-0513  
1-208-334-4979

**Medicaid Provider Fraud  
and Utilization Review**

1-866-635-7515(tollfree)  
1-208-334-2020

**PCG**

P.O. Box 2894  
Boise, ID 83701  
1-800-873-5875  
1-208-375-1132  
Fax: 1-208-375-1134

**PRO-West** (telephonic &  
retrospective reviews)  
10700 Meridian Ave. N.  
Suite 100  
Seattle, WA 98133-9075  
1-800-783-9207  
Fax: 1-800-826-3836 or  
1-206-368-2765

**PRO-West Website**  
[www.pro-west.org/  
idahomedicaid.htm](http://www.pro-west.org/idahomedicaid.htm)

## Principles to Guide Information Practices

Continued from previous page

The principle of **informed consent** allows an individual to be told and to acknowledge in advance the many potential and generally routine purposes to which our information might be put. When requests for information go beyond the routine for which consent has been given, there is the expectation that consent will be obtained through specific authorization forms.

Another principle attempts to limit **secondary usage**. Secondary usage is when information gathered for one purpose is used for another unrelated purpose. In the specific case of HIPAA, the initial consent allows great latitude for information exchange when the purpose of the exchange is to facilitate treatment. However, non- treatment information exchanges not mandated by a specific law would require specific authorization from the patient.

A type of secondary usage that is of growing concern is marketing. There are many examples of patients receiving unwanted and unexpected solicitations from marketers as a result of information about their medical condition finding its way out of the control of their physician or payer.

An eighth principle is **security**. Not only is it important to have protection of computerized systems from outsiders who threaten the security and integrity of the data, but also to limit access within the health care setting. There is a need for electronic audit trails to track access to information and a need for procedures to limit access to only the information that is needed for a specific purpose.

The ninth principle is **compliance**. Organizations need to develop procedures to investigate allegations and impose sanctions when information has been accessed and used improperly. The final principal is **accountability**. An organization is expected to identify who is responsible to assure the protection of personal information under its control and clearly designate and inform its customers of the procedures to request an investigation into any alleged abuses of their privacy.

As HIPAA is being implemented, health organizations will find themselves increasingly addressing the issues identified in the 10 principles. Organizations will be developing new business practices that will assure medical information stored electronically is accurate and protected. A significant part of putting these protections in place is to have staff aware of the principles and supportive of the need for protection.

## Recent Information Releases

To obtain a copy of a current information release, please check the DHW website at [www2.state.id.us/dhw/medicaid/inf/mir.htm](http://www2.state.id.us/dhw/medicaid/inf/mir.htm). If you do not have access to the Internet and would like a copy of an information release, please call 1-208-334-5795. For more detailed information, contact the person listed below.

Release Number	Sent to	Subject	Contact
2001-25	Personal Care Service Providers	New Rates effective September 30, 2001	Chris Cuellar 1-208-364-1891
2001-26	Non-Commercial Transportation Providers	Non-Commercial Transportation Reimbursement Rates	Aral Farmer 1-208-364-1958
2001-27	Clozapine Care Coordination Providers	Change In Clozapine Care Coordination Effective October 15, 2001	Gary Duerr 1-208-364-1829
2001-28	Physicians	Synagis / Home Health visits and PA form	Dr. Tom Young 1-208-334-5747
2001-29	Pharmacies, Home Health, etc.	Synagis/ Home Health visits and PA form	Dr. Tom Young 1-208-334-5747

# Submitting Paper Claims

In an effort to speed the processing of claims and reduce data entry errors, Idaho Medicaid began electronically scanning all HCFA 1500 paper claims in August and all UB92 paper claims in November, 2001. Dental and pharmacy claims will be scanned by the end of 2001. This new technology is replacing the manual data entry of all paper claims.

It is very important that **all** paper claims are easy to read and the required information is in the correct field. Certain guidelines can be followed to ensure that claims submitted on paper can be processed using the new technology.

Follow these guidelines to ensure that your claim is ready for scanning

1. Use an original, **color** claim form. Black forms cannot be scanned and will be returned.
2. Use **black** ink on the color form.
3. Use a typewriter with a good ribbon or a printer with a good ink cartridge. Change the ribbon or ink source when the print becomes light.
4. Be sure to stay within the box for each field.
5. When using a typewriter or printer, make sure the form is lined up correctly so it prints evenly. This means adjusting the form both side-to-side as well as up and down. Claims cannot be processed when the information "slips" out of the correct field.
6. If completing the form by hand, print neatly using block letters.
7. When entering an X in a check-off box, be sure that the mark is centered in the box.
8. Use correction strips to cover errors.
9. Check your provider handbook for the required fields. When billing Medicaid there is no need to enter data into fields that are not required.
10. Do not staple attachments to the form. Stack them behind the claim. (Check your provider handbook to see if an attachment is required.)
11. Do not fold the claim form. Mail it in a flat 9x12 envelope (minimum size).

## Special Notes on the HCFA 1500

The following guidelines regarding entering provider identification numbers must be followed or your claim will be denied:

**Individuals** submitting paper HCFA 1500 claims:

- Leave field 24K blank
- Enter the **individual** Idaho Medicaid Provider Identification Number next to PIN# in field 33

**Groups** submitting paper HCFA 1500 claims:

- Enter the **performing provider's** Idaho Medicaid Provider Identification Number in field 24K for each detail line
- Leave the space blank next to PIN# in field 33
- Enter the **group's** Idaho Medicaid Provider Identification Number next to GRP# in field 33

## Provider Relations Consultants

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Coeur d'Alene, ID 83814

TealP@idhw.state.id.us

1-208-666-6859

Fax 1-208-666-6856

### Region 2

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1118 F Street

P.O. Box Drawer B

Lewiston, ID 83501

WoodlanJ@idhw.state.id.us

1-208-799-4350

Fax 1-208-799-3350

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Caldwell, ID 83605

JeffrieM@idhw.state.id.us

1-208-455-7162

Fax 1-208-454-7625

### Region 4

Jane Hoover

1720 Westgate Drive, Suite A

Boise, ID 83704

HooverJ@idhw.state.id.us

1-208-334-0842

Fax 1-208-334-0828

### Region 5

Penny Schell

2241 Overland Avenue

Burley ID 83318

SchellP@idhw.state.id.us

1-208-677-4002

Fax 1-208-678-1263

### Region 6

Sheila Lux

1070 Hilina Road

Pocatello, ID 83201

LuxS@idhw.state.id.us

1-208-235-2943

Fax 1-208-235-2969

### Region 7

Bobbi Woodhouse

2475 Leslie Avenue

Idaho Falls, ID 83402

WoodhouB@idhw.state.id.us

1-208-525-7223

Fax 1-208-525-7176

### EDS Central Office

Janice Gillett

P.O.Box 23

Boise, ID 83706

1-800-685-3757

Fax 1-208-395-2072



## HIPAA 101

To promote understand of the Health Insurance Portability and Accountability Act for the Idaho Healthcare Community

Presented by the Idaho HIPAA Coordinating Council

What is HIPAA?

Who is impacted by the law?

What should I do to start getting ready?

### Seminar Times and Locations AM 8:30-11:30 or PM 1:00-4:00

Dec 4 - Couer d'Alene  
Couer d'Alene Inn: AM and PM

Dec 5 - Lewiston  
Red Lion Inn: AM only

Dec 11 - Twin Falls  
Canyon Springs Inn: PM only

Dec 12 Idaho Falls  
Shilo Inn: AM and PM

Dec 13 Pocatello  
West Coast Hotel: AM and PM

Dec 18 Meridian  
St Luke's Meridian: AM and PM

Dec 19 Boise  
Doubletree Riverside: AM only

No matter what your role in providing healthcare services to Idaho's citizens, regulations implementing the Health Insurance Portability and Accountability Act are going to impact you.

Physicians, hospitals, dentists, therapists, pharmacies — all healthcare professionals and facilities — need to learn about this important legislation and begin preparing to comply with rules governing standardized transactions and patient privacy.

This three-hour session will take some of the mystery out of HIPAA compliance and provide tips on how practices and facilities can begin understanding HIPAA, determining their risk, and taking concrete steps to meet the requirements of the law.

**HIPAA 101** is a good place to begin your compliance program.

Sign up today. **Pre-registration is required.**

### Detach form and mail with payment to:

Idaho HIPAA Coordinating Council  
c/o IMA, P.O. Box 2668  
Boise, ID 83701

**Fax** (208) 344-7903 (credit card orders only)

**Questions?** Call (208) 344-7888

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Organization \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

### Idaho HIPAA Coordinating Council

### HIPAA 101 Registration Form

AM Session 8:30-11:30 or PM Session 1:00-4:00

Please check the event you will attend and circle the AM or PM session.

- |   |    |    |
|---|----|----|
| <input type="checkbox"/> Dec 4 - CDA - Couer d'Alene Inn          | AM | PM |
| <input type="checkbox"/> Dec 5 - Lewiston - Red Lion Inn          | AM |    |
| <input type="checkbox"/> Dec 11 - Twin Falls - Canyon Springs Inn |    | PM |
| <input type="checkbox"/> Dec 12 Idaho Falls - Shilo Inn           | AM | PM |
| <input type="checkbox"/> Dec 13 Pocatello - West Coast Hotel      | AM | PM |
| <input type="checkbox"/> Dec 18 Meridian - St Luke's Meridian     | AM | PM |
| <input type="checkbox"/> Dec 19 Boise - Doubletree Riverside      | AM |    |

# of video tapes required \_\_\_\_\_ X 15.00 \$ \_\_\_\_\_

**HIPAA 101** registration fee \_\_\_\_\_ X 35.00 \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

Payment **must** accompany registration

Check method of payment:

- ☐ Check enclosed (make payable to HIPAA)
- ☐ VISA/MasterCard (complete card information)

Print name as it appears on credit card: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### Seminar Outline

- History and components of HIPAA
- Timelines for implementing HIPAA rules, including Transactions and Code Sets, Privacy, Security, and National Identifiers
- Who is impacted by HIPAA "Covered Entities"
- Details of HIPAA's Privacy Rule
  - Protected Health Information (PHI)
  - Privacy Standards
  - Use and Disclosure of PHI
  - Patient Rights
  - Administrative Requirements
- Security under HIPAA
- National Identifiers for Healthcare Professionals and Employers
- Tool Kit includes:
  - Sample forms:
    - Privacy Policy
    - Consents
    - Authorizations
    - Business Associate Contracts
    - Medical Record Amendments
    - Disclosure Log
    - Request for amendment
    - Privacy Officer Position Description
- Compliance Checklists/Guidelines
- Idaho Privacy Laws
- Resource List
- Q & A

### Who should attend?

**HIPAA 101** is designed to provide HIPAA guidelines to healthcare professionals and administrative staff. Seminars will be presented by Council members who are well-versed in HIPAA.

### Registrations

Participation in a HIPAA 101 seminar is by **pre-registration only**. Cost of the seminar is \$35.00. Payment must accompany registration. **Registrations must be received by November 20.**

### Video

A video of a pre-recorded presentation will be available for \$15.00. Order as many as you need for additional staff training.

### Cancellations

Cancellations received prior to 72 hours in advance of the seminar date (3 business days) will be refunded less a \$10.00 administration fee. After 72 hours (3 business days) there will be no refunds. The Council reserves the right to cancel a program for insufficient registration. Full refund applies.

### About the Council

The Idaho HIPAA Coordinating Council is a consortium of organizations working together to understand, educate, and implement HIPAA requirements. Healthcare associations, state government agencies, insurers and other entities interested in HIPAA implementation participate in Council meetings and work groups.

**Questions?** Call (208) 344-7888

### Sponsoring Organizations

Ada County Medical Society  
Blue Cross of Idaho  
Boise Metro Chamber of Commerce  
Hawley, Troxell, Ennis & Hawley Law Offices  
Idaho Academy of Family Physicians  
Idaho Association of Counties  
Idaho Board of Medicine  
Idaho Department of Health & Welfare  
Idaho Department of Insurance  
Idaho Health Care Association  
Idaho Hospital Association  
Idaho Medical Association  
Idaho Medical Group Management Association  
Idaho Nurses Association  
Idaho Physical Therapy Association  
Idaho Primary Care Association  
Idaho State Dental Association  
Idaho State Insurance Fund  
Industrial Commission  
Professional Assn. of Health Care Managers  
Regence BlueShield of Idaho



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## Attention Hospital Utilization Review Departments and Physicians:

The PRO-West General Criteria Set for Non-Physician Review, issued July 2000, will continue to be used for PRO review through March 30, 2002. Questions may be directed to Arlee Coppinger at 208 334-5747.

An updated *PRO-West Provider Manual* on compact disk (CD) will be mailed to all active hospital and physician providers by the end of October 2001. The provider manual contains information about the Department's medical review program performed by PRO-West. The updated manual can also be found on the Web at [www.pro-west.org/idahomedicaid.htm](http://www.pro-west.org/idahomedicaid.htm), or contact Sheldon O'Dahl at PRO-West (800) 949-7536 extension 2043 or Fax (877) 523-1148, to request a hard copy of the manual or additional copies of the CD-ROM.

For questions regarding PRO penalties contact: Laura Windham, Medicaid State Operations, 1-208-334-5740.

## Attention Pharmacy Providers:

As a portion of the Governor's state budget reduction, the pharmacy dispensing fee will remain unchanged; however, the EAC (estimated acquisition cost) when utilized will be reduced from AWP minus 11% to AWP minus 12% effective October 15, 2001.

## Explanation of Benefits Explained

**EOB 704 Client has other insurance. Attach other insurance payment or denial.**

The most common reason for claims to be denied is that the client has other insurance. Before submitting any claim to Idaho Medicaid, use the Voice Response System to determine if the client has a primary insurance carrier.

If your client has another insurance carrier, then **bill** the primary insurance first. When the client has more than one carrier, they must *all* be billed before the claim can be submitted to Medicaid for payment consideration. Do not bill Medicaid until after you have received payment or been denied by the primary insurance carrier(s).

If the primary insurance issues a payment, then **enter** that amount in the appropriate field (see chart below).

- **When** the payment is **less than 40%** of the total amount billed, attach **all** primary insurance EOBs.
- **When** the insurance payment is **more than 40%** of the billed amount, no EOB is required for the claim.

If the primary insurance carrier denies a claim, then **attach** the EOB with the written denial reason from the primary insurance carrier(s). Not all denials are acceptable for billing with Medicaid.

Acceptable denials from other insurance carriers include the following:

- Portion applied to deductible
- All applied to deductible
- Service not covered under this policy
- Denied, client not eligible

Unacceptable denials from other insurance carriers include the following:

- Claim lacks information that is needed for adjudication
- Patient cannot be identified as our insured
- Claim filed past filing time limit
- This is a duplicate of a previously submitted claim

Before submitting the claim to Medicaid, verify that the dates of service, units, and charges are the same on the primary insurance EOB and on the claim being submitted to Medicaid. If the other insurance paid at zero, enter "0.00" in the appropriate field.

Denied and paid claims can be submitted electronically using *EDS* billing software and its EOB codes.



*EDS*  
P.O. Box 23  
Boise Idaho 83707

PRSRT STD  
U.S. POSTAGE PAID  
BOISE, ID  
PERMIT NO. 220



Attention: Business Office

Hints  
& Tips

### How to prepare attachments

#### Do I need an attachment?

Check your provider handbook for a description of required attachments. If you don't need an attachment, consider submitting the claim electronically.

#### What do I do with multiple claims using the same attachment?

Include a copy of required attachments for each claim form.

#### How do I handle double-sided pages?

If an attachment has information on both sides of the page, make a copy of the backside and include it with the claim.

#### What do I do when the attachment is a small slip of paper?

Copy or tape it onto an 8 1/2 by 11 inch piece of paper.

#### How do I separate a group of claims with attachments so nothing gets lost or misplaced?

Stack the claims with the required attachments one on top of the other: claim, attachment, claim, attachment, claim, attachment. Do not use paperclips or staples.

**MedicAide** is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:  
Becca Ruhl, Administrative  
Assistant  
Division of Medicaid

Cynthia Brandt,  
Publications Coordinator, EDS

If you have any comments or  
suggestions, please send them to:  
mailto:medicaide@mmis.state.id.us  
or

Becca Ruhl, DHW MAS Unit, PO  
Box 83720, Boise, ID 83720-0036.  
Fax: 208-395-2032.



#### In this issue:

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- 2 Scanning All Paper Claims
- 2 Client Assistance Line
- 2 Adjustment Request Forms
- 2 Vision Services: PA
- 3-4 MAVIS Special Supplement
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- 2 & 5 Phone Numbers and Addresses
- 2 Information Release MA01-30
- 5 Information Release MA01-31
- 6 Select pre-authorization list requiring PRO-West review

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# MedicAide

An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **December 2001**

## Please Welcome MAVIS!

EDS and the Department of Health and Welfare Medicaid Division want to introduce you to our newest team member. Her name is MAVIS and we are delighted she has decided to join the Idaho Medicaid program. When asked about her unusual name, MAVIS said her parents wanted her name to define who she really is, **Medicaid Automated Voice Information Service**.

MAVIS came to us all the way from Plano, Texas. She arrived in Boise on November 12 and we immediately started her in the new employee development process. Fortunately MAVIS is a very good student. The classes she is taking from our old Voice Response System include Advanced Client Information, Advanced Claims Information, and Last Check Amount. She is also taking workshops on Beginning Security Codes, Provider Enrollment, EOB Messages, and Mailing Addresses.

Based on her excellent background and demonstrated skill in learning the Idaho Medicaid program, we expect her to start answering your calls the middle of December. MAVIS is already determined to be faster, smarter, and more convenient than VRS ever was. When we are sure she is ready, we will flip the switch and MAVIS will begin to answer your questions on a long list of subjects.

Surprisingly, for all she can do, MAVIS is rather small and is quite happy working from a dark closet inside our computer room. MAVIS is also a bit of a workhorse and plans to answer your questions 24 hours a day, 7 days a week! The nicest thing about MAVIS is she listens. In fact, she wants you to just speak to her instead of punching in a bunch of numbers on a telephone keypad. Her motto is, "Just say the word."

To help providers and MAVIS get to know each other we have provided "*Just Say the Word...*" a special supplement on pages 3 and 4 of this newsletter. Tear it out and keep it near your phone. It will show you how to ask MAVIS for the information you need.

As with any new employee, we anticipate she may take some getting used to. We hope that you find MAVIS a convenient and easy way to get the information you need. If you have any questions or problems when working with MAVIS, we want to know about it in order to ensure that you receive the highest possible level of service.

We anticipate MAVIS will be very busy but have made arrangements with her to answer your most commonly asked questions in this newsletter every month. She will start her 'Dear MAVIS' column in January, 2002. In addition, the regional provider relations consultants have already invited her to be a guest speaker at their training workshops.

Watch your banner messages on your weekly Remittance Advice for MAVIS's actual start date.

## Scanning of All Paper Claims

Providers are reminded that in December EDS completes the implementation of digital scanning of all paper claim types for processing. This will allow faster handling of claims and encourage faster payment. However, only original color forms can be used for scanning. All other claims are returned to the provider to be re-submitted on an original form.

Dental providers are encouraged to use original ADA1999/2000 claim forms for the fastest possible processing of their claims.

All providers can bill electronically using vendor software or ECMS-PC software designed by EDS and available at no charge. To order software from EDS, use MAVIS and say "Agent" to be transferred to a Provider Service Representative who will help you with your order.

## Client Assistance Line

The MAVIS system introduced in this newsletter is designed for providers only. Please do not give the MAVIS telephone numbers to clients. If a client needs assistance, they should call:

### Client Assistance Line

Toll free: 1-888-239-8463

### Idaho CareLine (Spanish speaking clients)

Toll free: 1-800-926-2588

## Adjustment Request Forms

Providers are reminded that EDS returns all faxed adjustment request forms. Please submit all adjustment requests by mail.

## Vision Services: Prior Authorization

Requests for prior authorization of vision services must be submitted in writing. Fax your request to 1-208-364-1811, Attn: Dee Patterson, Care Management Unit, Division of Medicaid. You may contact Dee at 1-208-364-1842 with specific questions regarding vision services available to Medicaid clients. Her mailing address is:

Division of Medicaid  
Care Management Unit, Attn: Dee Patterson  
P.O. Box 83720  
Boise, Idaho 83720-0036.

For questions or comments related to the quality of vision products and customer service provided by SWEEP Optical, please contact Paula Edwards at 1-208-334-5727.

## MEDICAID INFORMATION RELEASE # MA01 – 30

**TO: ALL HOSPICE PROVIDERS**

**FROM: PAUL SWATSENBARG, Deputy Director**

**SUBJECT: HOSPICE RATES**

Effective for dates of service on or after 10/01/2001, Medicaid has revised its hospice rates as follows:

Revenue Code/Description	Rural	Urban Ada/Canyon County
651 – Routine Care	\$104.79	\$107.44
652 – Continuous Care	\$611.03	\$626.49
655 – Respite Care	\$115.28	\$117.56
656 – General Inpatient Care	\$467.29	\$478.27

Adjustments may be submitted for claims improperly processed from dates of service October 1, 2001. The Hospice cap will remain at \$16,650.85.

If you have any questions, please call Jan Cheever at (208) 364-1854.

Thank you for your continued participation in the Idaho Medicaid Program.

## Phone Numbers

### Addresses

### Web Sites:

#### MAVIS

1-800-685-3757

1-208-383-4310

#### EDS

##### Correspondence

PO Box 23

Boise, ID 83707

##### Provider Enrollment

P.O. Box 23

Boise, Idaho 83707

##### Medicaid Claims

PO Box 23

Boise, ID 83707

##### PCS and ResHab

##### Claims

PO Box 83755

Boise, ID 83707

#### EDS Provider Fax

1-208-395-2072

#### DHW Websites:

[www2.state.id.us/dhw](http://www2.state.id.us/dhw)

[www.idahohealth.org](http://www.idahohealth.org)

#### Healthy Connections

Region I - Coeur d'Alene

1-208-666-6766

1-800-299-6766

Region II - Moscow

1-208-882-3502

1-800-799-5088

Region III - Nampa

1-208-442-2808

1-800-494-4133

Region IV - Boise

1-208-334-4676

1-800-354-2574

Region V - Twin Falls

1-208-736-4793

1-800-897-4929

Region VI - Pocatello

1-208-236-6363

1-800-284-7857

Region VII - Idaho Falls

1-208-525-7115

1-800-919-9945

Spanish Speaking

1-800-862-2147

#### Statewide

Americana Terrace

P.O. Box 83720

Boise, ID 83720-0036

1-208-334-4930

1-800-378-3385

Clip here. Fold and save this special supplement on MAVIS.



# Getting the most out of your call to MAVIS

## Basic guidelines

- Speak clearly in your natural voice. If MAVIS doesn't understand, you will be asked to repeat the information or command.
- Avoid noisy environments and speaker phones (headsets are okay).
- Have the necessary provider, client, and/or claim information ready.
- You can use a rotary or touch-tone phone.

## Navigating in the system

- ◀ Say "**Start Over**" to return to the beginning.
- ◀ Say "**Help**" if you need more information on how to use MAVIS.
- ◀ Say "**Repeat**" if you missed the instructions.
- ◀ Say "**Agent**" if you need to speak to a provider service representative.

## Moving faster

- Interrupt if you know the option that you want. This is called "barging in" and it isn't rude with MAVIS. You can barge in any time using the option commands given in this brochure.
- Become an expert user by listening to the various voice commands that MAVIS gives for options and use them on future calls.
- Answer just the question MAVIS asks you.

◀ Note: all barge-in commands are identified in this brochure with **bold type** and this symbol: ◀

## Options in MAVIS

Speak any of these option commands to interrupt MAVIS at any time and go directly to the desired information:

- ◀ **Client information**
  - ◀ **Client eligibility**
  - ◀ **Other insurance**
  - ◀ **Lock-in**
  - ◀ **Long term care eligibility**
  - ◀ **Service Limits**
  - ◀ **Prior authorization**
- ◀ **Claims information**
  - ◀ **Claim status**
  - ◀ **Procedure codes**
  - ◀ **National Drug Codes (NDC)**
  - ◀ **Revenue Codes**
  - ◀ **Message Codes (EOB)**
  - ◀ **Prior authorization**
- ◀ **Last check amount**
- ◀ **Enrollment status**
- ◀ **Mailing Addresses**
- ◀ **Change Security Code**
- ◀ **Change Provider**

Have this information ready for all calls:

- 9-digit Idaho Medicaid provider identification number
- provider 4-digit security code

Have this information ready for questions about claims:

- client's 7-digit Medicaid Identification Number (MID)
- the date(s) of service
- ICN (internal control number from RA)
- Prior authorization number (PA)

Have this information ready for questions about client eligibility:

- client's 7-digit Medicaid Identification Number
- client's date of birth or Social Security number
- client's name (first and last)



# MAVIS

Just say the word . . .

Introducing Idaho's new  
Medicaid Automated  
Voice Information Service

New features

New ease of use

New security

New convenience

1-800-685-3757 - toll free  
1-208-383-4310 - Boise calling area

Available 24 hours a day, 7 days a week

## Calling MAVIS

This sample dialogue will help you understand how MAVIS works. When you call MAVIS you will hear the following greeting:

*Good morning, thank you for calling MAVIS, Idaho's Medicaid Automated Voice Information Service. If you know the option you want, you may speak it at any time. I will be listing available options as we go. If you are not an Idaho Medicaid Provider and wish to become one, say 'Provider Enrollment.'*

*Main Menu: Please select from the following seven options:*

*Client Information  
Claims Information  
Last Check Amount  
Enrollment Status  
Mailing Addresses  
Change Security Code  
Change Provider*

*Which option would you like? Say 'Repeat' to hear this list again. For assistance from a provider service representative, say 'Agent'. For more detailed instructions, say 'Help'.*

The caller just says the name of the option that is desired in a natural speaking voice. MAVIS verifies the Medicaid provider identification number and security code. After these numbers are entered, the user is taken to the requested menu option.

The caller can 'barge in' as soon as MAVIS has started the greeting. Example: If the provider wants to know about other insurance which is listed under Client Information, he can say "Other Insurance" when MAVIS begins the greeting, skipping both the main menu and the options list under Client Information.

If the caller needs to speak to a provider service representative during normal business hours, the caller says "Agent" and is transferred to a PSR.

## New features in MAVIS

MAVIS offers many new features not available in the old Voice Response System and some improvements. Just say the word and MAVIS will give providers:

- Status of the most current ICN for claims submitted more than once.
- Definition of all Idaho Medicaid EOB message codes. The user can enter the code and MAVIS will give the explanation.
- Status of prior authorizations: denied, cancelled, or exhausted.
- Information on all third party insurers for the dates of service entered by the provider.
- Mailing address for claims, PA, and third party information.
- Information on Long Term Care client eligibility.
- NDC minimum/maximum quantities allowed with the date of the last update.
- All limitation information based on a procedure code, revenue code, client number, and date of service
- Spelling of the client's first and last name.
- Verification of the client's date of birth, Social Security number, and Idaho Medicaid identification number.
- Fax confirmation of information including: client eligibility, eligibility verification number, service limits, PA information, and mailing addresses.



MAVIS

Toll free: 1-800-685-3757  
Boise calling area: 1-208-383-4310

## About Your Security Code

MAVIS offers a high degree of security. To ensure the privacy of provider and client information, users must have a 4-digit security code in addition to a valid Idaho Medicaid provider number.

### Selecting your security code for the first time

The first time the provider calls MAVIS, he or she will be asked for a valid Idaho Medicaid provider number. MAVIS will then ask the provider to create a security code. This is a 4-digit number that the user enters on the telephone keypad. The provider will use this code on every call to MAVIS.

### If you forget your security code

If the user forgets the security code, an EDS provider service representative will reset the provider's security and the provider will then return to MAVIS to create a new security code.

### Providers with more than one office

Providers with multiple users of MAVIS will need to establish procedures for notifying all staff of the security code and any time it is changed. Every service location will use its own security code.

### Important Note

Your Idaho Medicaid provider number and the MAVIS security code are two different things. Providers will need both to access MAVIS. Continue to use just your 9-digit Medicaid provider number on all claims and correspondence submitted to Medicaid.

You can use this space to record your provider number and security code. **Keep this information in a secure place!**

9-digit Medicaid provider number:

- - - - -

4-digit MAVIS security code: - - - -



**Phone Numbers  
Addresses  
Web Sites:**

**Client Assistance Line**

Toll free:  
1-888-239-8463

**Idaho CareLine**

(for Spanish speaking  
clients, toll free)  
1-800-926-2588

**EMS Bureau Review Unit**

1-800-362-7648  
1-208-334-2484

Fax

1-800-359-2236  
1-208-334-5242

**DME Prior Authorizations**

DME Specialist  
DHW Bureau of Medicaid  
Programs

PO Box 83720  
Boise, ID 83720-0036  
1-866-205-7403

Fax

1-800-352-6044  
(att: DME Specialist)

**Transportation Prior  
Authorization Unit**

1-800-296-0509  
1-208-334-4990

Fax

1-800-296-0513  
1-208-334-4979

**Medicaid Provider Fraud  
and Utilization Review**

1-866-635-7515(tollfree)  
1-208-334-2020

**PCG**

P.O. Box 2894  
Boise, ID 83701  
1-800-873-5875  
1-208-375-1132  
Fax: 1-208-375-1134

**PRO-West** (telephonic &  
retrospective reviews)  
10700 Meridian Ave. N.  
Suite 100  
Seattle, WA 98133-9075  
1-800-783-9207  
Fax: 1-800-826-3836 or  
1-206-368-2765

**PRO-West Website**

www.pro-west.org/  
idahomedicaid.htm

**MEDICAID INFORMATION RELEASE #MA-01-31**

**TO: ALL DURABLE MEDICAL EQUIPMENT (DME) PROVIDERS**  
**FROM: PAUL SWATSENBARG, Deputy Administrator**

**SUBJECT: Durable Medical Equipment Prior Authorization**

Effective **January 1, 2002**, the following definition for prior authorization and valid prior authorization request will be applicable for durable medical equipment and supplies.

**Prior Authorization:** A written, FAXED, or electronic approval from the Department that permits payment or coverage of a medical item or service that is covered only by such authorization. Medicaid payment will be denied for the medical item or service or portions thereof, which were provided prior to the submission of a **valid** prior authorization request.

- The provider may not bill the Medicaid participant for equipment and/or supplies not reimbursed by Medicaid solely because the prior authorization was not requested or obtained in a timely manner.
- Requests for prior authorization for items or services provided on a weekend or holiday must be received on the next business day after the item or service was provided.
- An exception may be allowed on a case-by-case basis where despite diligent efforts on the part of the provider to timely submit a request, or events beyond the provider's control prevented it.
- Equipment and/or supplies to an individual will be deemed prior approved if the individual was not eligible for Medicaid at the time these items were provided, but was subsequently found eligible pursuant to IDAPA 16.03.05.051.03.
  - ▶ and the medical item or service provided is approved by the Department by the same guidance that applies to other prior authorization requests for medical necessity.
  - ▶ and is submitted within 30 days of when the provider becomes aware of the individual's Medicaid eligibility.

**Valid Prior Authorization Request:** A prior authorization request from a provider of Medicaid for services that contains all information and documentation as required by the rules to justify the medical necessity, amount of and duration for the item or service.

- Please refer to your Provider Handbook for a list of the types of items that require prior authorization and the documentation elements required.
- You can call EDS at 1-800-685-3757 to inquire whether the code requires prior authorization
- Medical necessity documentation required is documentation that the client meets the criteria set forth in the Medicare DMERC Supplier Manual.
- For those items that do not have criteria in that manual, submit documentation from the physician, therapist, etc. that documents the reasons the equipment is medically necessary for that particular client and the length of need.

If you have questions, please contact Dorrie Phillips toll free at 866-205-7403. Thank you for your continued participation in the Idaho Medicaid Program.

Clip here. Fold and save this special supplement on MAVIS.





**SELECT PRE-AUTHORIZATION LIST OF DIAGNOSES AND PROCEDURES FOR IDAHO MEDICAID  
AND DIVISION OF FAMILY AND COMMUNITY SERVICES CLIENTS**

**Revised October 2001**

**PRE-AUTHORIZATION LIST REQUIRING PRO-WEST REVIEW**

**1 800-783-9207**

**All surgical procedures on this list require pre-authorization for inpatient and outpatient services.**

<b><u>Procedure</u></b>	<b><u>ICD-9-CM Code</u> <u>October 2001</u></b>	<b><u>CPT Code</u> <u>October 2000</u></b>
Abdominoplasty, Panniculectomy <b>Effective for Dates of Service beginning 6/1/01 reviewed by Department</b>	86.83	15831, 15877
Arthrodesis (Spinal Fusion)	78.59 81.00 through 81.08 <b>81.09 not valid after 9/30/01</b> <b>81.30 through 81.39 (effective 10/01/01)</b>	22548, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22851, 27280
Cholecystectomy  <b>Effective for Dates of Service beginning 6/1/01 and thereafter, no longer needs pre- admission review</b>	51.22, 51.23	47562, 47563, 47564 47600, 47605, 47610, 47612, 47620
Coronary Bypass  <b>Effective for Dates of Service beginning 6/1/01 and thereafter, no longer needs pre- admission review</b>	36.10 through 36.17 36.19	33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536
Hysterectomy Abdominal 68.3 68.4 68.6 Vaginal 68.51 Laparoscopic 68.59 Radical Other and Unspecified 68.7, 68.9		58180, 59135, 59525 58150, 58152, 58200, 58951, 59135, 59525 58210 58550 58260, 58262, 58263, 58267, 58270, 58275, 58280 58285
Laminectomy/Discectomy 03.02 03.09 03.1 03.6 80.50 80.51		63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200
Reduction Mammoplasty Unilateral, Bilateral	85.31, 85.32	19318

**NOTE: A post-discharge retrospective chart review will be conducted in addition to the pre-admission review for all reduction mammoplasty. PRO-West will initiate a request to the facility to obtain the medical record for review.**  
Be advised that in most circumstances, Idaho Medicaid does not cover contra-lateral mastectomy and secondary reconstruction procedures.

**SELECT PRE-AUTHORIZATION LIST OF DIAGNOSES AND PROCEDURES FOR IDAHO MEDICAID  
AND DIVISION OF FAMILY AND COMMUNITY SERVICES CLIENTS**

**Page 2**

<b>Procedure</b>	<b>ICD-9-CM Code October 2001</b>	<b>CPT Code October 2000</b>
Transplants		
Bone Marrow Transplant		
Autologous	41.00, 41.01, 41.04, 41.07, 41.09 41.02, 41.03, 41.05, 41.06, 41.08	38241
Allogenic		38240
Liver Transplant	50.59	47135, 47136
Kidney Transplant	55.61 55.69	50380 50360, 50365
Intestinal Transplant (effect 4/1/01)	46.97	44133, 44135, 44136
Heart Transplant (Note: Transplant facilities must be Medicare approved.)	37.5	33945
Alcohol and Drug Rehabilitation and Detoxification		
<b>Inpatient Only</b>	94.61	90899
Alcohol Rehabilitation	94.62	90899
Alcohol Detoxification	94.63	90899
Alcohol Rehabilitation and Detoxification	94.64	90899
Drug Rehabilitation	94.65	90899
Drug Detoxification	94.66	90899
Drug Rehabilitation and Detoxification	94.67	90899
Combined Alcohol and Drug Rehabilitation	94.68	90899
Combined Alcohol and Drug Detoxification	94.69	90899
Combined Alcohol and Drug Rehabilitation and Detoxification		
Psychiatric Admissions (Diagnosis Codes)	291.0 through 314.0	
<b>Inpatient Only</b>		
Physical Rehabilitation	V57 (Diagnosis Code)	
Care involving use of rehabilitation procedures	This includes admission to all rehabilitation facilities, regardless of diagnosis.	
<b>Inpatient Only</b>		

**Note: New ICD-9 Codes Requiring PRO Review**

Effective 10/01/2001 new Spinal Fusion procedure codes 81.30 – 81.39 have been added to the PRO-West pre-authorization list. Code 81.09 is no longer valid after 9/30/2001. An updated copy of the PRO pre-authorization list can be found on the Web at [http://www.pro-west.org/medicaid\\_idaho/preauth.htm](http://www.pro-west.org/medicaid_idaho/preauth.htm).

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Attention: Business Office



## December Closure

The Department of Health and Welfare offices will be closed in December for the following State holiday:

December 25

A reminder that the MAVIS (Medicaid Automated Voice Information Service) is always available on State holidays at:

1-800-685-3757 (toll free)

1-208-383-4310 (Boise local)

**MedicAide** is the monthly informational newsletter for Idaho Medicaid providers.

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